

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

320 FIRST STREET SE

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00075820

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

01

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Electronically Filed by Keith A. Davis

Date

02

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25. The Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms that no further itemization is required under any Commission regulations for these expenditures.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 342

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		2538301.71
(b) Cash on Hand at Beginning of Reporting Period .....	2538301.71	
(c) Total Receipts (from Line 19) .....	3007481.38	3007481.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5545783.09	5545783.09
7. Total Disbursements (from Line 31) .....	2355853.14	2355853.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3189929.95	3189929.95
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	10500000.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 342

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	429626.00	429626.00
(ii) Unitemized .....	1690428.99	1690428.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2120054.99	2120054.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	877500.00	877500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2997554.99	2997554.99
12. Transfers From Affiliated/Other Party Committees .....	1376.81	1376.81
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	7549.58	7549.58
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1000.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3007481.38	3007481.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3007481.38	3007481.38

## DETAILED SUMMARY PAGE

of Disbursements

5 / 342

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2255246.77	2255246.77	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2255246.77	2255246.77	
22. Transfers to Affiliated/Other Party Committees.....	3600.00	3600.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	49.59	49.59	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	49.59	49.59	
29. Other Disbursements.....	96956.78	96956.78	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2355853.14	2355853.14	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2355853.14	2355853.14	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 342

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2997554.99	2997554.99
34. Total Contribution Refunds (from Line 28(d)) .....	49.59	49.59
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2997505.40	2997505.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2255246.77	2255246.77
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	7549.58	7549.58
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2247697.19	2247697.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RALPH E. ABRAHAM

Mailing Address 101 GREENWOOD PL

City

HATTIESBURG

State

MS

Zip Code

39402-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HATTIESBURG CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14022560

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JEROME E. ADAMSON

Mailing Address 207 CEDAR MEADOWS LN

City

CHAPEL HILL

State

NC

Zip Code

27517-7221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14012834

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JEROME E. ADAMSON

Mailing Address 207 CEDAR MEADOWS LN

City

CHAPEL HILL

State

NC

Zip Code

27517-7221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059320

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM A. ADAMS

Mailing Address 8306 JORDAN VALLEY WAY

City

FREDERICK

State

MD

Zip Code

21702-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ENDODONTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031975

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN AKERS

Mailing Address 1 STURGES HWY.

City

WESTPORT

State

CT

Zip Code

06880-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14026583

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. ALBRECHT

Mailing Address 11268 HERTZ CT.

City

UNION

State

KY

Zip Code

41091-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14011078

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. ALBRECHT

Mailing Address 11268 HERTZ CT.

City  
UNION

State  
KY

Zip Code  
41091-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013430

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BOJOUR TEX ALLSTORM

Mailing Address 475EASTVANMONTY  
UNIT 505

City

PALMSPRINGS

State  
CA

Zip Code  
92262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14041159

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR J. ALTHOFF

Mailing Address 10 ARCHBISHOP MAY DR

City

SAINT LOUIS

State  
MO

Zip Code  
63119-5738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SARAH COMMUNITY

Occupation  
CLERGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020296

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES ALVERSON

Mailing Address 85 TRUSS FERRY RD

City

PELL CITY

State

AL

Zip Code

35125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTERNATIVE PROCESS SVC.  
INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009561

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. AMSTADT

Mailing Address 9725 CAMBERLEY CIR

City

ORLANDO

State

FL

Zip Code

32836-5746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14054725

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OSCAR M. ANCIRA

Mailing Address 1335 S PRAIRIE AVE UNIT 1701

City

CHICAGO

State

IL

Zip Code

60605-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FROZEN FOODS SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14039842

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERMAN S. ANDERSON, JR.

Mailing Address PO BOX 240

City

DILLWYN

State

VA

Zip Code

23936-0240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDERSON TIRE CO. INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14037225

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. ANDREWS

Mailing Address 1409 MORAN RD

City

FRANKLIN

State

TN

Zip Code

37069-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCA

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007552

Amount of Each Receipt this Period

265.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL APPLETON

Mailing Address 3014 FOX MILL RD

City

OAKTON

State

VA

Zip Code

22124-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14023747

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

815.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWIN ARTZT

Mailing Address 65 AVALANCHE CANYON DR.

City

JACKSON

State

WY

Zip Code

83001-9009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14054456

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MYRA J. ASPLUNDH

Mailing Address P.O. BOX 11

City

BRYN ATHYN

State

PA

Zip Code

19009-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14015416

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JEANMARIE ATAMIAN

Mailing Address 51 HANCOCK HILL DR

City

WORCESTER

State

MA

Zip Code

01609-1543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038665

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ERNEST L. BADE

Mailing Address 260 OSORIO LN

City

HILO

State

HI

Zip Code

96720-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048805

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City

CARLSBAD

State

CA

Zip Code

92010-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020910

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City

CARLSBAD

State

CA

Zip Code

92010-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038807

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City

CARLSBAD

State

CA

Zip Code

92010-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14044718

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City

CARLSBAD

State

CA

Zip Code

92010-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14059186

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GEORGE BAKOWSKI

Mailing Address 1133 SAINT VINCENT AVE.  
STE. 216

City

SHREVEPORT

State

LA

Zip Code

71104-4147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
OPTOMETRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: SA11.14008567

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DONALD E. BALDOVIN

Mailing Address 1108 LAVACA ST. STE. 110-122

City

AUSTIN

State

TX

Zip Code

78701-2172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059356

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET A. BARNES

Mailing Address 2260 BENT CREEK DR.

City

JACKSON

State

MO

Zip Code

63755-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038366

Amount of Each Receipt this Period

245.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN G. BARTLETT

Mailing Address 666 MIDDLE ROUTE

City

GILMANTON

State

NH

Zip Code

03237-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051495

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS EARLINE H. BATES

Mailing Address 415 RUBY FOREST PKWY.

City

SUWANEE

State

GA

Zip Code

30024-3926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020738

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALLACE B. BATISTE

Mailing Address 704 HIDDEN GLEN CV.

City

ROUND ROCK

State

TX

Zip Code

78681-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W.B. CONSTRUCTION

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017815

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MELVIN L. BATTLES, III

Mailing Address 33 EAGLE CREEK DR

City

NORWALK

State

OH

Zip Code

44857-8850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017783

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

E. BAVIS

Mailing Address 5455 SADDLEBROOK WAY

City

WESLEY CHAPEL

State

FL

Zip Code

33543-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14052688

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RONALD T. BEACH

Mailing Address P.O. BOX 682

City

CREEDE

State

CO

Zip Code

81130-0682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14029343

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VICTOR BEAN

Mailing Address 4909 SOUTHFORK RANCH DR.

City

ORLANDO

State

FL

Zip Code

32812-6847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN CLASSIC GUN & KN-  
IFE SHOWS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14007365

Amount of Each Receipt this Period

1010.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. BECK

Mailing Address 1839 W 12TH ST

City

HASTINGS

State

NE

Zip Code

68901-3648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14027732

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS BEDDOME

Mailing Address 16450 OAK MANOR DR

City

WESTFIELD

State

IN

Zip Code

46074-8788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043819

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CONNIE BEEHLER

Mailing Address 555 S 70TH ST

City

LINCOLN

State

NE

Zip Code

68510-2462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST ELIZABETH REGIONAL M.D.-  
AG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14010413

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RONNIE BEN-ZUR

Mailing Address 3443 KINGSBORO RD NE

City

ATLANTA

State

GA

Zip Code

30326-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FQH, LLC

Occupation

EXECUTIVE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14051789

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH N. BENTLEY

Mailing Address 414 COMMONS VISTA DR.

City

HUFFMAN

State

TX

Zip Code

77336-2979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008621

Amount of Each Receipt this Period

430.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HANS BERGSTROM

Mailing Address 2612 SW 15TH STREET

City

DEERFIELD BEACH

State

FL

Zip Code

33442-6051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009394

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEROY K. BERRETT

Mailing Address P.O. BOX 1129

City

HANFORD

State

CA

Zip Code

93232-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J G PARKER & ASSOC

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14046173

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEROY K. BERRETT

Mailing Address P.O. BOX 1129

City

HANFORD

State

CA

Zip Code

93232-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J G PARKER & ASSOC

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14047263

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BERTRAND

Mailing Address 900 N WALNUT CREEK DR

City

MANSFIELD

State

TX

Zip Code

76063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED POWER SYSTEMS  
INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14044203

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOHN R. BERTUCCI

Mailing Address 50 HILL ST

City

LEXINGTON

State

MA

Zip Code

02421-4318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M K S INSTRUMENTS INCORPORATED

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051358

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARELD BILYEW

Mailing Address 10477 N. 450TH STREET

City

OBLONG

State

IL

Zip Code

62449-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14023036

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. BISHOP

Mailing Address 3622 KYRAN DR

City

ZANESVILLE

State

OH

Zip Code

43701-7230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051424

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1660.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIELYN BIXBY

Mailing Address 6249 GENTRY AVE

City

NORTH HOLLYWOOD

State

CA

Zip Code

91606-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14040181

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHESTER BLAZE

Mailing Address 410 CHESTNUT ST

City

KEARNY

State

NJ

Zip Code

07032-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14055224

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARVIN BLECKER

Mailing Address 12824 SILVER ACACIA PL

City

SAN DIEGO

State

CA

Zip Code

92130-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUALCOMM INCORPORATEDOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14058579

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

960.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LOUIS L. BORICK

Mailing Address 920 FOOTHILL RD.

City

BEVERLY HILLS

State

CA

Zip Code

90210-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059453

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREG BOTT

Mailing Address 6611 W ELLIOTT RD

City

WABASH

State

IN

Zip Code

46992-8888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006892

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN A. BOUGHTON

Mailing Address 11746 S NAPER PLAINFIELD RD

City

PLAINFIELD

State

IL

Zip Code

60585-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14010036

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

665.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BETTY BOURIS

Mailing Address 33751 ZEIDERS ROAD

City

MENIFEE

State

CA

Zip Code

92584-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018575

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WESLEY L. BOWDEN

Mailing Address PO BOX 145

City

SYLACAUGA

State

AL

Zip Code

35150-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOWDEN OIL CO.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012645

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRADFORD BOWMAN

Mailing Address 21600 OXNARD ST.  
STE. 1150

City

WOODLAND HILLS

State

CA

Zip Code

91367-7840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE BOWMAN GROUP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14047533

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT. 157

City

LACEY

State

WA

Zip Code

98503-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14024837

Amount of Each Receipt this Period

63.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT. 157

City

LACEY

State

WA

Zip Code

98503-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14026585

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT. 157

City

LACEY

State

WA

Zip Code

98503-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14056888

Amount of Each Receipt this Period

126.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

339.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS BRAMBLE

Mailing Address P.O. BOX 1287

City

HASTINGS

State

NE

Zip Code

68902-1287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID AMERICA SUPPLY INC

Occupation  
OWNER/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031394

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES C. BRANDELL

Mailing Address 2006 ROYAL FERN COURT

City

PALM CITY

State

FL

Zip Code

34990-8025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14030760

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE R. BRANDON

Mailing Address 3 RIVER RD  
P.O. BOX 393

City

TROUT LAKE

State

WA

Zip Code

98650-9709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14030014

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GUSTAV BRAUN

Mailing Address 3104 LITTLE CREEK LANE

City

ALEXANDRIA

State

VA

Zip Code

22309-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14008027

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GUSTAV BRAUN

Mailing Address 3104 LITTLE CREEK LANE

City

ALEXANDRIA

State

VA

Zip Code

22309-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14011570

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GUSTAV BRAUN

Mailing Address 3104 LITTLE CREEK LANE

City

ALEXANDRIA

State

VA

Zip Code

22309-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035113

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GUSTAV BRAUN

Mailing Address 3104 LITTLE CREEK LANE

City

ALEXANDRIA

State

VA

Zip Code

22309-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053754

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM BRAUN, III

Mailing Address 8519 E. SHANNON WAY

City

WICHITA

State

KS

Zip Code

67206-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14024760

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARY T. BREZNAY

Mailing Address 1258 SUN RD

City

WASHBURN

State

IL

Zip Code

61570-9666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14010092

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD S. BRISBANE

Mailing Address 24 FISHING CREEK LN.

City

BERLIN

State

MD

Zip Code

21811-9497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRISBANE INDUSTRIAL DRIVE  
CO.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14022140

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWIN G. BROWN

Mailing Address 132 LITTLE CRK DR

City

CRAWFORDVILLE

State

FL

Zip Code

32327-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043858

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. BROWN

Mailing Address 516 RIDGE RD

City

FAIR HAVEN

State

NJ

Zip Code

07704-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MMMCA

Occupation

MARITIME EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020822

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City

FORT WORTH

State

TX

Zip Code

76118-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPELLON PARTNERS INC

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14009159

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City

FORT WORTH

State

TX

Zip Code

76118-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPELLON PARTNERS INC

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14053161

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVE R. BRUNNER

Mailing Address 6119 PALM RIDGE CT

City

KINGWOOD

State

TX

Zip Code

77345-1883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONSTELLATION ENERGY PART-  
NER

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14030429

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH R. BRYANT

Mailing Address 1605 SHACKLEFORD RD.

City

NASHVILLE

State

TN

Zip Code

37215-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14022312

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT H. BUDD

Mailing Address 571 GLEN GARRY RD.

City

CARY

State

IL

Zip Code

60013-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14057214

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. BUHL

Mailing Address 1304 SEVERN WAY STE. F

City

STERLING

State

VA

Zip Code

20166-8916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUHL ELECT CO. INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ELECTRICIAN

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018034

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT BUKATY

Mailing Address 8357 MELROSE DR

City

LENEXA

State

KS

Zip Code

66214-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIVA INTERNATIONAL

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14010116

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVE BURGESS

Mailing Address PO BOX 686

City

GARDEN CITY

State

KS

Zip Code

67846-0686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GARDEN SPOUT RENTALS

Occupation

LANDLORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14010284

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALBERS A. BURNETT

Mailing Address 1025 ANCHORAGE CT.

City

WINTER PARK

State

FL

Zip Code

32789-2671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14030058

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BEVERLY B. BUTNER

Mailing Address 4139 EDINBURGH TRL NE

City

ROSWELL

State

GA

Zip Code

30075-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043522

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SCOTT CABALLERO

Mailing Address 311 EDGEVALE

City

SAN ANTONIO

State

TX

Zip Code

78229-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENFED REALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14047885

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CRAIG CALAS

Mailing Address 1200 PRATT BLVD

City

ELK GROVE VLG

State

IL

Zip Code

60007-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDREWS PAPERBOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14055842

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CPT CHARLES R. CALHOUN

Mailing Address 2200 ELM AVE

City

LAURINBURG

State

NC

Zip Code

28352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048996

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NINA CAMERON

Mailing Address 29 PINEHURST CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72212-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048352

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. CARLSON

Mailing Address 12026 S FOX DEN DR

City

KNOXVILLE

State

TN

Zip Code

37934-3743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14040509

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

31210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RHONDA F. CARLSON

Mailing Address 10281 CENTURY WOODS DR

City

LOS ANGELES

State

CA

Zip Code

90067-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013792

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. CARRUTHERS

Mailing Address 400 OAK DRIVE

City

CINCINNATI

State

OH

Zip Code

45246-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042633

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. CARSON, JR.

Mailing Address 5133 WITHORN SQ

City

LOUISVILLE

State

KY

Zip Code

40241-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CR. TECH, INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14040137

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TERRY L. CAUDILL

Mailing Address 7042 TARA AVE

City

LAS VEGAS

State

NV

Zip Code

89117-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TLC CASINO ENTERPRISES, INC

Occupation

EXECUTIVE/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035028

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LYNDIA G. CAVALLLO

Mailing Address 3786 BIDWELL DR

City

YORBA LINDA

State

CA

Zip Code

92886-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DAIRY SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008699

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE E. CAVANAUGH, SR.

Mailing Address 420 OLD ROUSEVILLE ROAD

City

OIL CITY

State

PA

Zip Code

16301-6038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14008023

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERARD L. CHAMPSAUR

Mailing Address 1430 CHANNING AVE.

City

PALO ALTO

State

CA

Zip Code

94301-3024

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	1	1

Transaction ID: SA11.14008589

Amount of Each Receipt this Period

270.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES M. CHASE

Mailing Address 99 STAGECOACH PASS

City

STORMVILLE

State

NY

Zip Code

12582-5115

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: SA11.14009283

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GRACE W. CHAVIS

Mailing Address 9201 W BROWARD BLVD C-305  
APARTMENT C220

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: SA11.14009488

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GRACE W. CHAVIS

Mailing Address 9201 W BROWARD BLVD C-305  
APARTMENT C220

City State Zip Code  
PLANTATION FL 33324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14030686

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER D. CHESLAK

Mailing Address 131 CHILTIPIN DR

City State Zip Code  
PORTLAND TX 78374-1447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14027977

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DONNA S. CHRISTENSEN

Mailing Address 1 LAUREL ST. APT. 106

City State Zip Code  
SAN CARLOS CA 94070-2274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RUGGERI JENSEN AZAR AND  
ASSOC

Occupation  
CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14039961

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DORIS M. CHURCH

Mailing Address 1973 DUNLOE CIR.

City

DUNEDIN

State

FL

Zip Code

34698-3237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051311

Amount of Each Receipt this Period

610.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT C. CIARDULLO

Mailing Address 135 OSBORN RD

City

HARRISON

State

NY

Zip Code

10528-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14057343

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CHRISTINE A. CLARK

Mailing Address 6 E. NELSON AVENUE, APT. 204

City

ALEXANDRIA

State

VA

Zip Code

22301-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE PODESTA GROUP

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14064705

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ROSAMOND CLARK

Mailing Address 150 GOMEZ RD

City

HOBE SOUND

State

FL

Zip Code

33455-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14023967

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER H. CLEMENS

Mailing Address 3490 BLACK HAWK RD

City

LAFAYETTE

State

CA

Zip Code

94549-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14021969

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM O. COCHRAN

Mailing Address 235 CEDARWOOD RD.

City

STAMFORD

State

CT

Zip Code

06903-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049072

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILL COLEMAN

Mailing Address 13302 STONE POINT CT

City

GOSHEN

State

KY

Zip Code

40026-9798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWN FORMAN

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14039012

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST.

City

CORONA

State

NY

Zip Code

11368-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14012190

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST.

City

CORONA

State

NY

Zip Code

11368-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14029151

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST.

City

CORONA

State

NY

Zip Code

11368-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038815

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST.

City

CORONA

State

NY

Zip Code

11368-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14043004

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST.

City

CORONA

State

NY

Zip Code

11368-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059181

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NELSON L. COLVIN

Mailing Address 8754 JUMILLA AVE.

City

NORTHRIDGE

State

CA

Zip Code

91324-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051399

Amount of Each Receipt this Period

215.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH P. COLWIN

Mailing Address W1116 COUNTY ROAD F

City

CAMPBELLSPORT

State

WI

Zip Code

53010-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-STATES ALUMINUM CORP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

C.E.O.

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043572

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM M. CONNER

Mailing Address W4138 BIRCH RD.

City

FOND DU LAC

State

WI

Zip Code

54937-7984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017715

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL L. COOPER

Mailing Address 585 S VALLEY DR

City

LAS CRUCES

State

NM

Zip Code

88005-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14034958

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEWIS COWART

Mailing Address 341 PIEDMONT GOLF COURSE RD

City

PIEDMONT

State

SC

Zip Code

29673-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COWART SUPPLY

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14011764

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE COWEE

Mailing Address 72600 SUNDOWN LN.

City

PALM DESERT

State

CA

Zip Code

92260-6520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006944

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JUDITH M. CRAIG

Mailing Address 1204 LAWSON AVENUE

City

MIDLAND

State

TX

Zip Code

79701-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MATTHEWS-LINK PROPERTIES

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051370

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DENNIS CROSS

Mailing Address 25 EAST 86TH STREET

City

NEW YORK

State

NY

Zip Code

10028-0553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14058404

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALBERTO CRUZ

Mailing Address 245 MUDDY BRANCH RD.

City

GAITHERSBURG

State

MD

Zip Code

20878-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JCD INC.

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008583

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVE CUDLIP

Mailing Address 112 E PORTER ST

City

OGLESBY

State

IL

Zip Code

61348-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF IL DEPT OF RESOU-  
RCES

Occupation

SITE TECHNICIAN/MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043412

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS L. CURLESS

Mailing Address 5 WINDLASS CT

City

SAVANNAH

State

GA

Zip Code

31411-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007865

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY L. CURTIS

Mailing Address PO BOX 201913

City

ANCHORAGE

State

AK

Zip Code

99520-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14036856

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS CURTIS

Mailing Address 1100 NE LOOP 410  
SUITE 540

City State Zip Code  
SAN ANTONIO TX 78209-1574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FAST-FOOD FRANCHISE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14016855

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIM KA DAVIS

Mailing Address 10155 N 2240 ROAD

City State Zip Code  
ARAPAHO OK 73620-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REDDY ICE

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035435

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIM KA DAVIS

Mailing Address 10155 N 2240 ROAD

City State Zip Code  
ARAPAHO OK 73620-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REDDY ICE

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14051828

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES DAY

Mailing Address 1709 WAYNE AVE

City

DAYTON

State

OH

Zip Code

45410-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14015773

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. TONIL DE LUCA

Mailing Address 9288 KINGS RIVER RD

City

REEDLEY

State

CA

Zip Code

93654-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAN JOAQUIN CHEMICALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

COMPTROLLER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14033924

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NANCY L. DE MOSS

Mailing Address 185 WOODBRIDGE RD.

City

PALM BEACH

State

FL

Zip Code

33480-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUTHUR S. DE MOSS FOUNDAT-  
ION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN OF BOARD

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14028228

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 342

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL DECLEVA

Mailing Address 325 N SAINT PAUL ST. STE. 1625

City

DALLAS

State

TX

Zip Code

75201-3801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14022131

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARIE T. DEFALCO

Mailing Address 44 EXETER RD

City

SHORT HILLS

State

NJ

Zip Code

07078-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14054324

Amount of Each Receipt this Period

215.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BERNADENE DEMETER

Mailing Address 54 W END AVE

City

FLORHAM PARK

State

NJ

Zip Code

07932-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOFFMAN HOMES

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14029368

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

925.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM N. DERAMUS

Mailing Address 18500 NALL AVE

City

STILWELL

State

KS

Zip Code

66085-8939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012454

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL DESANTIS

Mailing Address 3232 POLO DR

City

DELRAY BEACH

State

FL

Zip Code

33483-7338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14015010

Amount of Each Receipt this Period

1025.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM H. DESCHER

Mailing Address 5709 BELLE FONTAINE DR.

City

OCEAN SPRINGS

State

MS

Zip Code

39564-9084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEN D ENTERPRISES INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038235

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN DICKSON

Mailing Address 2633 RICHARDSON DR

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14032497

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. NORMAN F. DIEDERICH

Mailing Address 5884 DOROTHY DRIVE

City

NORTH OLMSTED

State

OH

Zip Code

44070-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018773

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES V. DIETRICH

Mailing Address 1463 STATE HIGHWAY 99

City

GRIDLEY

State

CA

Zip Code

95948-9701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14040545

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. TAMARA DIMITRI

Mailing Address 21314 LASSEN STREET

City

CHATSWORTH

State

CA

Zip Code

91311-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTA TAU DATA SYSTEMS,  
INC.

Occupation

VICE PRESIDENT OF FINANCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048551

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VINCENT DITRAPANO

Mailing Address 9 WHITE BIRCH CT

City

SCHENECTADY

State

NY

Zip Code

12306-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CAFE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007701

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

VINCENT DITRAPANO

Mailing Address 9 WHITE BIRCH CT

City

SCHENECTADY

State

NY

Zip Code

12306-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CAFE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017271

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALLYN C. DONALDSON

Mailing Address 181 DOLPHIN DR

City

SANTA ROSA BEACH

State

FL

Zip Code

32459-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14028206

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALLYN C. DONALDSON

Mailing Address 181 DOLPHIN DR

City

SANTA ROSA BEACH

State

FL

Zip Code

32459-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14050088

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM G. DOOLITTLE

Mailing Address P.O. BOX 400

City

CARMEL

State

CA

Zip Code

93921-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044296

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER A. DORF

Mailing Address 13226 SHORE VISTA DR

City

AUSTIN

State

TX

Zip Code

78732-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14025394

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JULIET S. DOUGHERTY

Mailing Address 7159 BOYCE DR

City

BATON ROUGE

State

LA

Zip Code

70809-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14047234

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS G. DREISS

Mailing Address 2934 JUNCTION HWY

City

KERRVILLE

State

TX

Zip Code

78028-9312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & A TIRE SERVICE

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051359

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS J. DUDOUSSAT

Mailing Address 236 WARRIOR TRCE

City

COVINGTON

State

LA

Zip Code

70435-8815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Transaction ID: SA11.14013515

Amount of Each Receipt this Period

330.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TED DUFF

Mailing Address 136 E 64TH ST. APT. 4D

City

NEW YORK

State

NY

Zip Code

10065-7380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: SA11.14051447

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK J. DUGOPOLSKI

Mailing Address 39381 MAGNOLIA TRCE

City

PONCHATOULA

State

LA

Zip Code

70454-6921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: SA11.14018586

Amount of Each Receipt this Period

205.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

745.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR L. DUNLAP

Mailing Address 1360 RAMSEUR LN

City

WINCHESTER

State

VA

Zip Code

22601-6720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14044003

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH R. DUNN

Mailing Address 12431 CANOLDER ST

City

RALEIGH

State

NC

Zip Code

27614-8822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051391

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK DURKALSKI

Mailing Address 8124 MULBERRY RD

City

CHESTERLAND

State

OH

Zip Code

44026-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRULINE LAND COMPANY, LTD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PARTNER

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013683

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK DURKALSKI

Mailing Address 8124 MULBERRY RD

City

CHESTERLAND

State

OH

Zip Code

44026-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRULINE LAND COMPANY, LTD.

Occupation

PARTNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: SA11.14014383

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK DURKALSKI

Mailing Address 8124 MULBERRY RD

City

CHESTERLAND

State

OH

Zip Code

44026-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRULINE LAND COMPANY, LTD.

Occupation

PARTNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: SA11.14055889

Amount of Each Receipt this Period

18.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. REBECCA EDGAR

Mailing Address 6626 KELSEY POINT CIRCLE

City

ALEXANDRIA

State

VA

Zip Code

22315-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE PODESTA GROUP

Occupation

CHIEF OF STAFF

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14064709

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1108.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. EDMAN

Mailing Address 83 PROMENADE ST. N

City

MONTGOMERY

State

TX

Zip Code

77356-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14029097

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA H. EIKERMANN

Mailing Address 3385 BROOKE HOLLOW RD

City

FALLBROOK

State

CA

Zip Code

92028-3773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14039565

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LINDA L. ELLISON

Mailing Address 407 COUNTRY CLUB ROAD

City

SALINA

State

KS

Zip Code

67401-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044794

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK E. ENGLISH

Mailing Address 800 SLASHPINE COURT

City

NAPLES

State

FL

Zip Code

34108-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY

Occupation  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14015849

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SANDRA J. ESCOVER

Mailing Address 4000 JOHNSON LANE

City

RENO

State

NV

Zip Code

89511-6566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035302

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES EVERSON

Mailing Address 121 WINDERMERE DRIVE

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED BANCORP, INC.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14053158

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY W. EWERS

Mailing Address 13726 SUNTAN AVE.

City

CRP CHRISTI

State

TX

Zip Code

78418-6051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051247

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. FANTAUZZI

Mailing Address 318 CHARLTON RD

City

BALLSTON SPA

State

NY

Zip Code

12020-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH EAST FIRE PROTECTION

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008642

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MANDAN F. FARAHATI

Mailing Address 1351 E WESTLEIGH RD

City

LAKE FOREST

State

IL

Zip Code

60045-3335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAGNA HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14051883

Amount of Each Receipt this Period

215.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

685.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WALTER FAWCETT

Mailing Address 21805 W FIELD PKWY. UNIT 300

City

DEER PARK

State

IL

Zip Code

60010-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE PLEXUS GROUP, LLC

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14016550

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH M. FEE

Mailing Address 620 SAND HILL RD. APT. 113D

City

PALO ALTO

State

CA

Zip Code

94304-2071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009617

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT A. FILES

Mailing Address 10418 E CELESTIAL DR.

City

SCOTTSDALE

State

AZ

Zip Code

85262-5120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14024892

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CHERYL A. FLEMING

Mailing Address 23955 CREEKSIDE RD

City

VALENCIA

State

CA

Zip Code

91355-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALENCIA ACURA

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14024753

Amount of Each Receipt this Period

270.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK M. FLEMING

Mailing Address 5 LAKEVIEW DR

City

GANSEVOORT

State

NY

Zip Code

12831-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14036931

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HELENE FRAKES

Mailing Address 44 APTOS AVE

City

SAN FRANCISCO

State

CA

Zip Code

94127-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14024398

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. CATHIE FRANCE

Mailing Address 150 W MAIN ST  
STE 1510

City State Zip Code  
NORFOLK VA 23510-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VECTRE CORP.

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14014786

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ARTHUR E. FRAZHO

Mailing Address 22151 CHALON ST.

City State Zip Code  
ST CLR SHORES MI 48080-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14024341

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. VIRGINIA LEE FULTON

Mailing Address 37 WALL ST. APT. 25R

City State Zip Code  
NEW YORK NY 10005-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14021772

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DALE GARAUX

Mailing Address CMR 402 BOX 84

City

APO

State

AE

Zip Code

09180-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ARMY

Occupation

RADIOLOGY PACS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 1 1

Transaction ID: SA11.14027284

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DALE GARAUX

Mailing Address CMR 402 BOX 84

City

APO

State

AE

Zip Code

09180-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ARMY

Occupation

RADIOLOGY PACS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 1

Transaction ID: SA11.14052343

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS A. GARDNER

Mailing Address 513 CLARK ST

City

NEENAH

State

WI

Zip Code

54956-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GARDNER SYSTEMS CORP

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018758

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LUDA V. GASHENKO

Mailing Address 5401 OLD SEWARD HWY

City

ANCHORAGE

State

AK

Zip Code

99518-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLIPPERSHIP MOTORHOME INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14034029

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH H. GAUTREUX

Mailing Address 1522 N PORTAGE HWY

City

ARNAUDVILLE

State

LA

Zip Code

70512-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14054666

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY S. GENETTI

Mailing Address 143 VISTA DEL MONTE

City

LOS GATOS

State

CA

Zip Code

95030-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LMGW CERTIFIED PUBLIC ACC-  
OUNTING

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14053023

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEN GERMAN

Mailing Address 2504 MADDINGTON DRIVE

City

LAS VEGAS

State

NV

Zip Code

89134-7332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013961

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSAN GILES

Mailing Address 1941 E BRANCH HOLLOW DR

City

CARROLLTON

State

TX

Zip Code

75007-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006890

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. M. GILLESPIE

Mailing Address 108 CARTER OAKS DR

City

ANDERSON

State

SC

Zip Code

29621-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14015404

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

870.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. M. GILLESPIE

Mailing Address 108 CARTER OAKS DR

City

ANDERSON

State

SC

Zip Code

29621-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: SA11.14055075

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK E. GILLIAM

Mailing Address 400 TRAVIS ST.

City

SHREVEPORT

State

LA

Zip Code

71101-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14016735

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. D. WAYNE GITTINGER

Mailing Address 1420 5TH AVE. STE. 4100

City

SEATTLE

State

WA

Zip Code

98101-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANE POWELLOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: SA11.14022496

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

455.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. D. WAYNE GITTINGER

Mailing Address 1420 5TH AVE. STE. 4100

City

SEATTLE

State

WA

Zip Code

98101-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANE POWELL

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14057117

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JASON P. GLASSLEY

Mailing Address 1801 GALAPAGOS CT

City

FORT WAYNE

State

IN

Zip Code

46814-8872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008713

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT GOODWIN

Mailing Address 1417 DRAKE'S RIDGE LN

City

BOWLING GREEN

State

KY

Zip Code

42103-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018283

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. GORMAN

Mailing Address P.O. BOX 2599

City

MANSFIELD

State

OH

Zip Code

44906-0599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GORMAN RUPP COMPANYOccupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: SA11.14042352

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD E. GOSS

Mailing Address 4807 JOHNSON AVE

City

WESTERN SPRGS

State

IL

Zip Code

60558-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: SA11.14040111

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LINO GRAGLIA

Mailing Address 3505 TAYLORS DRIVE

City

AUSTIN

State

TX

Zip Code

78703-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF TEXASOccupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14032469

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2475.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD R. GRAHAM

Mailing Address 14990 GRANITE COURT

City

SARATOGA

State

CA

Zip Code

95070-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044776

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA M. GRAHAM

Mailing Address P.O. BOX 524

City

FRANKLIN

State

NC

Zip Code

28744-0524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042077

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA M. GRAHAM

Mailing Address P.O. BOX 524

City

FRANKLIN

State

NC

Zip Code

28744-0524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044272

Amount of Each Receipt this Period

625.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MAURICE GRANVILLE

Mailing Address P.O. BOX 38

City

ROCKPORT

State

ME

Zip Code

04856-0038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14016360

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD H. GREYER

Mailing Address 113 FAWN TRL.

City

LAKE JACKSON

State

TX

Zip Code

77566-3718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048056

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARRY S. GRETZ

Mailing Address 4732 HOMESTEAD PL

City

MATTHEWS

State

NC

Zip Code

28104-8905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANS AMERICAN EQUIP CORP.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14022596

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

890.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARRY S. GRETZ

Mailing Address 4732 HOMESTEAD PL

City

MATTHEWS

State

NC

Zip Code

28104-8905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANS AMERICAN EQUIP CORP.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042290

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017035

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031237

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

890.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY GRILLO

Mailing Address 55 PLEASANTVILLE RD.

City

NEW VERNON

State

NJ

Zip Code

07976-9712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN SECURITIES ADVIS-  
ORS LLC

Occupation

PRIVATE EQUITY INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018777

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS GRIM

Mailing Address 1757 E CLIFTON ROAD NE

City

ATLANTA

State

GA

Zip Code

30307-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009643

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD GROFF

Mailing Address 9832 CALVIN AVENUE

City

NORTHRIDGE

State

CA

Zip Code

91324-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST EXCAVATING COMP-  
ANY, INC.

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14064702

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

31020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN L. GROFF

Mailing Address 9832 CALVIN AVENUE

City

NORTHRIDGE

State

CA

Zip Code

91324-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWEST EXCAVATING COMP-  
ANY INC.

Occupation

CONTRACTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048351

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. GUMPERTZ

Mailing Address P.O. BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045231

Amount of Each Receipt this Period

1400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL GUSE

Mailing Address 5400 OCEAN BLVD  
APARTMENT 8-4

City

SARASOTA

State

FL

Zip Code

34242-3361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14027800

Amount of Each Receipt this Period

265.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

26665.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK M. GWALTNEY, JR.

Mailing Address 4863 WESLEY CHAPEL RD

City

FREE UNION

State

VA

Zip Code

22940-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV. OF VA

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14055571

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL G. HAAGA, JR.

Mailing Address 333 S. HOPE STREET  
55TH FLOOR

City

LOS ANGELES

State

CA

Zip Code

90071-3061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL RESEARCH & MANAGE-  
MENT COMPANY

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14066536

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY A. HAFLIGER

Mailing Address 26340 RIO VISTA DR

City

HEMET

State

CA

Zip Code

92544-6764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAFLIGER DAIRY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048971

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROSE M. HALL

Mailing Address 4825 RIVER VIEW DR

City

FORT WORTH

State

TX

Zip Code

76132-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043381

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. HALL

Mailing Address 4214 ORTEGA FOREST DR.

City

JACKSONVILLE

State

FL

Zip Code

32210-5815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045932

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. HAMILTON, JR.

Mailing Address 481 RIDGE TRAIL

City

FINCASTLE

State

VA

Zip Code

24090-5299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTI CONSULTING

Occupation

ENERGY CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048976

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENE HANSEN

Mailing Address 1607 YALECREST AVE

City

SALT LAKE CITY

State

UT

Zip Code

84105-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049912

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE HANSEN

Mailing Address 1607 YALECREST AVE

City

SALT LAKE CITY

State

UT

Zip Code

84105-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 1 1

Transaction ID: SA11.14068863

Amount of Each Receipt this Period

-510.00

CONTRIBUTION

CHARGED BACK FROM 2010 CO-  
NTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EUGENE HANSEN

Mailing Address 1607 YALECREST AVE

City

SALT LAKE CITY

State

UT

Zip Code

84105-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 1 1

Transaction ID: SA11.14068864

Amount of Each Receipt this Period

-350.00

CONTRIBUTION

CHARGED BACK FROM 2010 CO-  
NTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

-560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENE HANSEN

Mailing Address 1607 YALECREST AVE

City

SALT LAKE CITY

State

UT

Zip Code

84105-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 1 1

Transaction ID: SA11.14068865

Amount of Each Receipt this Period

-600.00

CONTRIBUTION

CHARGED BACK FROM 2010 CO-  
NTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD S. HANSTEIN

Mailing Address 6039 QUAKER HOLLOW ROAD  
APARTMENT 2

City

ORCHARD PARK

State

NY

Zip Code

14127-1872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INSURANCE CONSULTANT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017203

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY N. HARBAT

Mailing Address 5668 COLONY LN.

City

BIRMINGHAM

State

AL

Zip Code

35226-5106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049079

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

-100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. HARD, JR.

Mailing Address 952 ECHO LN STE 120

City

HOUSTON

State

TX

Zip Code

77024-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAMES H. HARD, ATTY. AT  
LAW

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006889

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANGELA M. HARDY

Mailing Address 8685 JACOT LANE

City

MISSOULA

State

MT

Zip Code

59808-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW PLASTIC SURGERY ASSOCI-  
ATES

Occupation  
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14030240

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK D. HARMON

Mailing Address P.O. BOX 1136

City

DUBLIN

State

OH

Zip Code

43017-6136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO INSURANCE SERVICES

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012361

Amount of Each Receipt this Period

425.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GORDEN HARMON

Mailing Address 2401 CALLENDER RD  
STE 119

City	State	Zip Code
MANSFIELD	TX	76063-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CLAIMS MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: SA11.14009020

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD HARRISON

Mailing Address 13334 MODOC RD

City	State	Zip Code
WHITE CITY	OR	97503-9555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: SA11.14047882

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA HARRINGTON

Mailing Address 1513 OLD ABERT RD.

City	State	Zip Code
LYNCHBURG	VA	24503-6454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: SA11.14031784

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1010.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK HARTER, SR.

Mailing Address 6636 BEGOLD ROAD

City

MOUNT MORRIS

State

NY

Zip Code

14510-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14024541

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY HARTER

Mailing Address 2850 LARSON STREET

City

LA CROSSE

State

WI

Zip Code

54603-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARTER'S QUICK CLEANUP SE-  
RVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14034329

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. HARTLOFF

Mailing Address 558 VIA TRANQUILA

City

SANTA BARBARA

State

CA

Zip Code

93110-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14019792

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. GAIL M. HARTNETT

Mailing Address 3688 S CROSSPOINT AVE

City

BOISE

State

ID

Zip Code

83706-6407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GAIL HARTNETT, INC.

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14041177

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. HATCH

Mailing Address 601 W 55TH ST

City

KANSAS CITY

State

MO

Zip Code

64113-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEREAL INGREDIENTS, INC.

Occupation  
CHAIRMAN & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14046918

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL J. HAYES

Mailing Address 1904 COUNTY RD 124

City

CHESAPEAKE

State

OH

Zip Code

45619-7847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018804

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL J. HAYES

Mailing Address 1904 COUNTY RD 124

City

CHESAPEAKE

State

OH

Zip Code

45619-7847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020068

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN HEARST

Mailing Address THE HEARST CORP  
5 3RD ST STE 200

City

SAN FRANCISCO

State

CA

Zip Code

94103-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GM WESTERN PROPERTIES/HEA-  
RST CORPORATI

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044475

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. STEPHEN HEIM

Mailing Address 30W249 MAPLE TREE LN

City

WAYNE

State

IL

Zip Code

60184-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OAD ORTHOPEDICS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044430

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. FREDERIK JOHANNES HEKKING

Mailing Address 147 LAKESHORE DR

City State Zip Code  
WAXAHACHIE TX 75165-6801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009448

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. FREDERIK JOHANNES HEKKING

Mailing Address 147 LAKESHORE DR

City State Zip Code  
WAXAHACHIE TX 75165-6801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14033542

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. DENISE HENRY

Mailing Address 7400 PARK TERRACE DRIVE

City State Zip Code  
ALEXANDRIA VA 22307-2039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPITOL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14064707

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL M. HERLIHY

Mailing Address 1332 ANTRIM CIR

City

ORMOND BEACH

State

FL

Zip Code

32174-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14050857

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RODOLFO HERNANDEZ, M.D.

Mailing Address 10200 SW 72ND ST  
STE. 110

City

MIAMI

State

FL

Zip Code

33173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RODOLFO HERNANDEZ MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14052511

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAMS R. HODGE

Mailing Address 264 ALLISON RD.

City

PINEY FLATS

State

TN

Zip Code

37686-4139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HODGE ELECTRICAL CONT INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ELECTRICIAN CONTRACTOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020240

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS HOFFMAN

Mailing Address 6627 N CHESTNUT AVE.

City

FRESNO

State

CA

Zip Code

93710-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14029864

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAM E. HOLLOMAN

Mailing Address PO BOX 4518

City

ODESSA

State

TX

Zip Code

79760-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14014775

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARRY L. HOOVER

Mailing Address 707 N CREST RIDGE CT

City

WICHITA

State

KS

Zip Code

67230-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14010938

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA HOOPES

Mailing Address 1350 YOUNT MILL RD

City

NAPA

State

CA

Zip Code

94558-9497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARBARA COLVIN AND CO.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007991

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL P. HOOPES

Mailing Address P.O. BOX 757

City

BOLTON LNDG

State

NY

Zip Code

12814-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007810

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL P. HOOPES

Mailing Address P.O. BOX 757

City

BOLTON LNDG

State

NY

Zip Code

12814-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049332

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY T. HOPPER

Mailing Address 442 N PEACHTREE ST

City

NORCROSS

State

GA

Zip Code

30071-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006994

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN HOPPE

Mailing Address P.O. BOX 6074

City

LINCOLN

State

NE

Zip Code

68506-0074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRIMESITES, LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14041175

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. HOSTETLER

Mailing Address 4432 MOUNT VERNON PLACE

City

DECATUR

State

IL

Zip Code

62521-8790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049160

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

965.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS HUNT

Mailing Address 226 W OJAI AVE PMB 539

City

OJAI

State

CA

Zip Code

93023-3277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14055373

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELAINE W. HUTCHINSON

Mailing Address 1477 NORTH BRYANT DR

City

LONG BEACH

State

CA

Zip Code

90815-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14037430

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VICTOR J. HYDEL

Mailing Address 1520 HOLLYWOOD ST

City

DEARBORN

State

MI

Zip Code

48124-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDONALDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MAINTENANCE

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14010467

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE JAMES

Mailing Address 451 GUARDS ROAD

City

GREENWICH

State

CT

Zip Code

06831-2666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14057173

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEE LEE JENNINGS

Mailing Address 15600 BEAR CUB CT.

City

SONORA

State

CA

Zip Code

95370-7937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14011704

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEE LEE JENNINGS

Mailing Address 15600 BEAR CUB CT.

City

SONORA

State

CA

Zip Code

95370-7937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14046662

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAJASINGAM S. JEYENDRAN

Mailing Address 680 N. LAKE SHORE DRIVE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANDROLOGY LABORATORY SERV-  
ICES INC.

Occupation

DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14030984

Amount of Each Receipt this Period

755.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: SA11.14007578

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: SA11.14011264

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

905.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14040214

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14040284

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14040285

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD JOHNSON

Mailing Address 2183 RAINBOW RD

City

GALVA

State

KS

Zip Code

67443-8822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14047191

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY F. JOHNS

Mailing Address 1460 CORAOPOLIS HEIGHTS RD

City

CORAOPOLIS

State

PA

Zip Code

15108-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Transaction ID: SA11.14027915

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL A. JONES

Mailing Address 3296 STATE RTE 181 S

City

GREENVILLE

State

KY

Zip Code

42345-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14047266

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GREGORY JONES

Mailing Address PO BOX 998

City

VALDESE

State

NC

Zip Code

28690-0998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RADIATION ONCOLOGY, VALDE-  
SE HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14036885

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAUNDERS JONES

Mailing Address 66 PINE CREST RD.

City

MOUNTAIN BRK

State

AL

Zip Code

35223-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14034972

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. VICTORIA E. JOZWIAK

Mailing Address 7414 BISCAYNE AVE

City

WHITE LAKE

State

MI

Zip Code

48383-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059838

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN DEAN JUSTICE

Mailing Address 16454 HARTFORD RD.

City

SUNBURY

State

OH

Zip Code

43074-9728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042621

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL J. KARCH

Mailing Address 1409 SE 17TH TER

City

DEERFIELD BEACH

State

FL

Zip Code

33441-7346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPL SOLUTIONS LLC

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14027494

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

E. KARL

Mailing Address 117 DURBY LN

City

FOLEY

State

AL

Zip Code

36535-5503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14016615

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERHARD C. KARL, III

Mailing Address 117 DURBY LN

City

FOLEY

State

AL

Zip Code

36535-5503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14037379

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD M. KASSATLY

Mailing Address 309 BARTON AVE

City

PALM BEACH

State

FL

Zip Code

33480-6133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KASSATLY'S INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042513

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALFRED KASSIDY

Mailing Address 1705 LANDS END DR

City

HURON

State

OH

Zip Code

44839-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14040611

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOEL J. KASSIMIR

Mailing Address 10 E 88TH ST

City

NEW YORK

State

NY

Zip Code

10128-0509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048098

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ISRAEL JEFFREY KATZ

Mailing Address 14 EAST HILL COURT

City

TENAFLY

State

NJ

Zip Code

07670-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JPMORGAN CHASE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

TRADER

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14019682

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT KEEFER

Mailing Address 121 TEXTER MOUNTAIN RD.

City

WERNERSVILLE

State

PA

Zip Code

19565-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREAT VALLEY CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VICE PRESIDENT

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14041949

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2935.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES KEHOE

Mailing Address 916 CALLE VISTOSO

City

SANTA FE

State

NM

Zip Code

87501-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: SA11.14044887

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JULIE KEITH

Mailing Address 605 FALLING LEAF

City

FRIENDSWOOD

State

TX

Zip Code

77546-4525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMBOX LTD.Occupation  
SPECIAL PROJ.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14053236

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NANCY KELLER

Mailing Address P.O. BOX 25009

City

ASHEVILLE

State

NC

Zip Code

28813-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14017953

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY KELLER

Mailing Address P.O. BOX 25009

City

ASHEVILLE

State

NC

Zip Code

28813-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14029246

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NANCY KELLER

Mailing Address P.O. BOX 25009

City

ASHEVILLE

State

NC

Zip Code

28813-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14040791

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. KELLER

Mailing Address 20 THISTLE LANE

City

SANTA FE

State

NM

Zip Code

87506-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042095

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. KELLY

Mailing Address 7241 NESHOBIA CIRCLE

City

GERMANTOWN

State

TN

Zip Code

38138-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14008080

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. KELLY

Mailing Address 7241 NESHOBIA CIRCLE

City

GERMANTOWN

State

TN

Zip Code

38138-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14029260

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS F. KELLY

Mailing Address 538 BELLE MEADE RD

City

MONROE

State

GA

Zip Code

30655-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUSINESSMAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009493

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN M. KELSO

Mailing Address 5802 W BEACON LIGHT RD.

City

EAGLE

State

ID

Zip Code

83616-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059652

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM KENTON

Mailing Address 1125 PACIFIC BEACH DR. UNIT 301

City

SAN DIEGO

State

CA

Zip Code

92109-5154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14026580

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE D. KENWORTHY

Mailing Address 3800 W. 71ST STREET  
APARTMENT 2111

City

TULSA

State

OK

Zip Code

74132-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14046921

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELEANOR M. KILGORE

Mailing Address 173 E TIOGA ST APT B11

City

TUNKHANNOCK

State

PA

Zip Code

18657-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013471

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELEANOR M. KILGORE

Mailing Address 173 E TIOGA ST APT B11

City

TUNKHANNOCK

State

PA

Zip Code

18657-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038539

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALBERT KING

Mailing Address 1353 COLONY DR.

City

NEW BERN

State

NC

Zip Code

28562-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031140

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD A. KING

Mailing Address 7379 ALICANTE RD

City

CARLSBAD

State

CA

Zip Code

92009-6261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048452

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM P. KING

Mailing Address 2850 S OCEAN BLVD. APT. 502

City

PALM BEACH

State

FL

Zip Code

33480-6248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042514

Amount of Each Receipt this Period

245.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER KLAASSEN

Mailing Address 8300 BURDETTE RD. APT. 411

City

BETHESDA

State

MD

Zip Code

20817-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14010461

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1495.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JUDITH A. KLAUSTERMEYER

Mailing Address 610 BUFFALO LN

City

MESA

State

WA

Zip Code

99343-9543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14018768

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAUL KLEIN

Mailing Address 5309 FONTAINE ST

City

SAN DIEGO

State

CA

Zip Code

92120-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YARDI SYSTEMS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14044232

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD B. KNELLER

Mailing Address 5633 CANISTEL AVE.

City

ALTA LOMA

State

CA

Zip Code

91737-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: SA11.14036755

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

920.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. KOHLHEPP

Mailing Address 100 W RIVERCENTER BLVD PH 1B

City

COVINGTON

State

KY

Zip Code

41011-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINTAS CORP

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14019684

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA KOHN

Mailing Address 114 GRAMERCY DR

City

SAN MATEO

State

CA

Zip Code

94402-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14028916

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LAURA L. KOKESH

Mailing Address 13222 228TH. PL. NE

City

REDMOND

State

WA

Zip Code

98053-5670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14027995

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5740.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RAYMOND KOZIELEK

Mailing Address 2741 HARVEY PL APT 118

City

GRANITE CITY

State

IL

Zip Code

62040-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013579

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RAYMOND KOZIELEK

Mailing Address 2741 HARVEY PL APT 118

City

GRANITE CITY

State

IL

Zip Code

62040-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017626

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD KRAFT

Mailing Address 1635 STONER AVENUE  
APARTMENT 12

City

LOS ANGELES

State

CA

Zip Code

90025-1846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044830

Amount of Each Receipt this Period

530.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A. KRAMER

Mailing Address 2626 HOWELL ST. FL 10

City

DALLAS

State

TX

Zip Code

75204-4064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14034970

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NICK KREMYDAS

Mailing Address 2826 ALBERTI DRIVE

City

FLORENCE

State

SC

Zip Code

29501-5333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SC REALTORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14044236

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WOLFGANG K. KRESSIN

Mailing Address 14706 HERMES DR

City

SELMA

State

TX

Zip Code

78154-3401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: SA11.14026136

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

960.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LAURIE KRIMBILL

Mailing Address 2121 S YORKTOWN AVE APT 103

City

TULSA

State

OK

Zip Code

74114-1425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14057381

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND L. KYM

Mailing Address 15411 CORAL CYN

City

TOMBALL

State

TX

Zip Code

77377-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WORTH HYDROCHEM OF HOUSTON  
INC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012331

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY LANDOLFO

Mailing Address 117 PARVIEW CT

City

URBANA

State

OH

Zip Code

43078-2287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14014880

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1430.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TED B. LANIER

Mailing Address 1818 WINDMILL DR

City

SANFORD

State

NC

Zip Code

27330-8267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14049002

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. LAPHAM

Mailing Address 64 CHESTNUT RIDGE RD.

City

QUEENSBURY

State

NY

Zip Code

12804-7316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: SA11.14026209

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. LAPHAM

Mailing Address 64 CHESTNUT RIDGE RD.

City

QUEENSBURY

State

NY

Zip Code

12804-7316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: SA11.14053845

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN GRAY LARGE

Mailing Address 515 CHURCH RD.

City

PHOENIXVILLE

State

PA

Zip Code

19460-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: SA11.14024982

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANN GRAY LARGE

Mailing Address 515 CHURCH RD.

City

PHOENIXVILLE

State

PA

Zip Code

19460-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: SA11.14042347

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SHEILA LARSEN

Mailing Address P.O. BOX 155

City

GILLETTE

State

WY

Zip Code

82717-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14018361

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

470.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID FREDERICK LAU

Mailing Address 5215 WINLANE DR

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302-2961

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

CHARTERED FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14044759

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. LAWING, JR

Mailing Address 2609 VALENCIA TERRACE

City

CHARLOTTE

State

NC

Zip Code

28226-4955

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
T. R. LAWING REALTY INC

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14041174

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LOIS H. LAZARO

Mailing Address 6040 RIVER CHASE CIR NW

City

ATLANTA

State

GA

Zip Code

30328-3561

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14046388

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL F. LEK

Mailing Address 212 E. 61ST STREET

City

NEW YORK

State

NY

Zip Code

10065-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEK SECURITIES CORPORATION

Occupation

SECURITIES BROKER DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14033450

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. LENTZ

Mailing Address 11 HESSIAN BLVD

City

READING

State

PA

Zip Code

19607-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14034646

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN LIEFER

Mailing Address 11207 OBST ROAD

City

RED BUD

State

IL

Zip Code

62278-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RED BUD INDUSTRIES

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: SA11.14013795

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1210.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WAYNE LINDHOLM

Mailing Address 3461 W EDMORE PL.

City

ENGLEWOOD

State

CO

Zip Code

80110-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QWEST

Occupation

TELECOMMUNICATIONS SUPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017165

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ESTHER K. LIPTAI

Mailing Address 4602 GOLDEN POND CT

City

SUGAR LAND

State

TX

Zip Code

77479-3085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045569

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARJORIE A. LIVINGSTON

Mailing Address 6313 HORSEMANS CANYON DR.

City

WALNUT CREEK

State

CA

Zip Code

94595-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038288

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A. LOCKWOOD

Mailing Address 88 HUNTINGTON RD

City

GARDEN CITY

State

NY

Zip Code

11530-3122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPIRE VALUATION CONSULTA-  
NTS, INC.

Occupation

FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012416

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. LOFTUS

Mailing Address 120 CHARLOTTE PL  
STE 3

City

ENGLEWOOD CLIFFS

State

NJ

Zip Code

07632-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAM F. LOFTUS & ASSOC.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14052512

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID LOGAN

Mailing Address 2170 US HWY. 75

City

PIPESTONE

State

MN

Zip Code

56164-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009413

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LYNN LOGGIE

Mailing Address 101 LARRY LEE DR

City

KERRVILLE

State

TX

Zip Code

78028-6523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14052372

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUE LOHN

Mailing Address 2525 POT SPRING RD. UNIT L520

City

LUTHVLE TIMON

State

MD

Zip Code

21093-2872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: SA11.14011521

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD E. LONGMIRE

Mailing Address 38421 BRANDYWINE AVE

City

PALM DESERT

State

CA

Zip Code

92211-1557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: SA11.14021523

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

685.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD K. LOOMIS

Mailing Address 502 WELTON ST

City

PRATT

State

KS

Zip Code

67124-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: SA11.14025624

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. LOUGHNEY

Mailing Address 2316 GOLDSMITH ST

City

HOUSTON

State

TX

Zip Code

77030-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOUGHNEY CONSULTING INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	1	1

Transaction ID: SA11.14008562

Amount of Each Receipt this Period

525.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES A. LUNA

Mailing Address 430 PETTYJOHN ROAD

City

KINGSPORT

State

TN

Zip Code

37664-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHEAST TENN EMERGENCY  
PHYSICIANSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: SA11.14054653

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1035.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STUART D. LUNN

Mailing Address 535 SPRING LAKE DRIVE

City

SHREVEPORT

State

LA

Zip Code

71106-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045027

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SALVADORE A. LUSCO

Mailing Address 1414 BIRDIE DR

City

ZACHARY

State

LA

Zip Code

70791-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14052427

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TOM B. MACCABE

Mailing Address 284 SUGAR MILL DR.

City

OSPREY

State

FL

Zip Code

34229-9080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14029062

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD MACDONALD

Mailing Address 1730 W HORIZON RIDGE PKWY

City

HENDERSON

State

NV

Zip Code

89012-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14046985

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LAUREN M. MADDOX

Mailing Address 913 SAINT STEPHENS ROAD

City

ALEXANDRIA

State

VA

Zip Code

22304-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PODESTA GROUP

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14064703

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALICIA MALECKA

Mailing Address 36 HOFFSTOT LN

City

PRT WASHINGTON

State

NY

Zip Code

11050-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14045350

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2460.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J. MALO

Mailing Address 1636 SOUTH BLVD

City

HOUSTON

State

TX

Zip Code

77006-6338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: SA11.14014791

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL MALVESE

Mailing Address 211 BRIXTON RD

City

GARDEN CITY

State

NY

Zip Code

11530-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Transaction ID: SA11.14028966

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL MALVESE

Mailing Address 211 BRIXTON RD

City

GARDEN CITY

State

NY

Zip Code

11530-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14035458

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

435.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LONNIE W. MANNING

Mailing Address 16065 DEER PARK DR

City

DUMFRIES

State

VA

Zip Code

22025-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANNING SERVICE INC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051375

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LORNA M. MANSFIELD

Mailing Address 1954 MAGNOLIA WAY

City

WALNUT CREEK

State

CA

Zip Code

94595-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009449

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LORNA M. MANSFIELD

Mailing Address 1954 MAGNOLIA WAY

City

WALNUT CREEK

State

CA

Zip Code

94595-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038552

Amount of Each Receipt this Period

151.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1302.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUBIN MARGULES

Mailing Address 20 OCEAN CT.

City

BROOKLYN

State

NY

Zip Code

11223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARM MANAGEMENT

Occupation

REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007599

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RUBIN MARGULES

Mailing Address 20 OCEAN CT.

City

BROOKLYN

State

NY

Zip Code

11223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARM MANAGEMENT

Occupation

REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14054901

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER MARIANI

Mailing Address 4220 CREEKSIDE PASS

City

ZIONSVILLE

State

IN

Zip Code

46077-9289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14039596

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. MARIN

Mailing Address 12201 HOUNDS LANE

City

RESTON

State

VA

Zip Code

20191-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PODESTA GROUPOccupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14064706

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK W. MARSHALL

Mailing Address 1110 DOGWOOD

City

MAGNOLIA

State

AR

Zip Code

71753-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: SA11.14032932

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BETTYLOU C. MARTIN

Mailing Address 126 LAKESIDE DR.

City

MONTGOMERY

State

TX

Zip Code

77356-9029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: SA11.14020241

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. MARTIN

Mailing Address 14111 W YOSEMITE DR.

City

SUN CITY WEST

State

AZ

Zip Code

85375-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14026683

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. MARTIN

Mailing Address 14111 W YOSEMITE DR.

City

SUN CITY WEST

State

AZ

Zip Code

85375-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14046119

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TROY MARTIN

Mailing Address 6822 ISLAND CIR

City

MIDLAND

State

TX

Zip Code

79707-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHENANDOAH PETROLEUM

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 1 1

Transaction ID: SA11.14012237

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH A. MATT

Mailing Address 1145 COMMERCIAL ST SE

City

SALEM

State

OR

Zip Code

97302-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEST LITTLE ROAD HOUSE

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14010884

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DONALD J. MATTHEWS

Mailing Address 561 HOLLAND RD.

City

FAR HILLS

State

NJ

Zip Code

07931-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14056918

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL F. MAY

Mailing Address 1988 SNOWBERRY CT

City

CARLSBAD

State

CA

Zip Code

92009-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049993

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RALPH P. MAYER

Mailing Address P.O. BOX 1623

City

SONORA

State

TX

Zip Code

76950-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045265

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES MAZANDER

Mailing Address P.O. BOX 945

City

BENTON

State

AR

Zip Code

72018-0945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SMALL BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031654

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LILLIAN MC CHRISTIAN

Mailing Address 8956 SE MARS ST

City

HOBE SOUND

State

FL

Zip Code

33455-5444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
CHRISTIAN ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035222

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. WANDA D. MCCALL

Mailing Address 1833 LAUREL RIDGE DR

City

NASHVILLE

State

TN

Zip Code

37215-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14014873

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JASON E. MCCOOL

Mailing Address 4790 S LAFAYETTE ST

City

ENGLEWOOD

State

CO

Zip Code

80113-5973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXECUTIVE COATINGS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14007364

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAN F. MCDANIEL

Mailing Address P.O. BOX 5712

City

CHATTANOOGA

State

TN

Zip Code

37406-0712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATA STORAGE & RCRDS. MGMT  
CTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14016563

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARIAN MCGOLDRICK

Mailing Address 3 HAZEL LAKE DR

City

CIMARRON

State

CO

Zip Code

81220-9527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14037959

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. MCGOWAN

Mailing Address 2405 S ARDSON PLACE  
APT 804

City

TAMPA

State

FL

Zip Code

33629-7326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14036784

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN DUNCAN MCINTYRE

Mailing Address 333 LEE DR. APT. G16

City

BATON ROUGE

State

LA

Zip Code

70808-4986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUNOCOLA MEDICAL CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018369

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 128 / 342  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VIRGINIA MCKEE

Mailing Address 3272 GEORGIAN CT.

City

ERIE

State

PA

Zip Code

16506-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14015930

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD W. MCKENZIE

Mailing Address P.O. BOX 774328

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80477-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: SA11.14047296

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DONLIE MCMULLIN

Mailing Address 1005 PERRYMAN CREEK RD

City

COPPERAS COVE

State

TX

Zip Code

76522-7488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: SA11.14048097

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES MCPHAIL

Mailing Address 32 CRESWELL CT

City

GREENSBORO

State

NC

Zip Code

27407-7894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14046903

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK MEANOR

Mailing Address 16398 HAWLEY RD.

City

OBERLIN

State

OH

Zip Code

44074-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012338

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ENERIO MELIS

Mailing Address 1108 SKYTOP CIR

City

CHARLESTON

State

WV

Zip Code

25314-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048552

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

935.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDGAR R. MENDENHALL

Mailing Address 14001 NW 20TH CT

City

OPA LOCKA

State

FL

Zip Code

33054-4119

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

E AND E CONCRETE PUMPING  
SVC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: SA11.14043540

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VICTOR H. MENDELSON

Mailing Address 3220 TREASURE TROVE LN.

City

MIAMI

State

FL

Zip Code

33133-4752

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: SA11.14043911

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HERMAN MENEZES

Mailing Address 100 CANYON WAY

City

SPARKS

State

NV

Zip Code

89434

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: SA11.14017981

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

720.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. MERCALDO

Mailing Address 42 MAIN ST STE 2

City

DANBURY

State

CT

Zip Code

06810-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14043836

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ODELL MERRICK

Mailing Address 5015 ASH VALLEY RD

City

SOMERSET

State

KY

Zip Code

42503-6295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOMERSET WOOD PRODUCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: SA11.14006910

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD E. MESSNER

Mailing Address 5110 SAN FELIPE STREET UNIT 19

City

HOUSTON

State

TX

Zip Code

77056-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: SA11.14047219

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. MITCHELL FLYNN

Mailing Address 3922 DEERPATH PL.

City

W LAFAYETTE

State

IN

Zip Code

47906-8836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018782

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VAN MOLLER

Mailing Address 5555 MONTGOMERY DR., #79

City

SANTA ROSA

State

CA

Zip Code

95409-8818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14052331

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GENE J. MONNIN

Mailing Address 2277 ANNANDALE PL

City

XENIA

State

OH

Zip Code

45385-9122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14036904

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ORVILLE MONROE

Mailing Address 2820 PASEO DR.

City

GREAT BEND

State

KS

Zip Code

67530-7225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

OIL PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14012922

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CHARLOTTE MOORE

Mailing Address 711 ANDERSON ST

City

AUGUSTA

State

WI

Zip Code

54722-9002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOORE GENUINE CARE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14039954

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. MOORED

Mailing Address 252 WINTER OAK E

City

HOLLAND

State

MI

Zip Code

49424-6642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008653

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. MOORED

Mailing Address 252 WINTER OAK E

City

HOLLAND

State

MI

Zip Code

49424-6642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048869

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY E. MORIE

Mailing Address P.O. BOX 255

City

MAURICETOWN

State

NJ

Zip Code

08329-0255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14041655

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVIS K. MORTENSEN

Mailing Address 1661 SNUG HARBOR DRIVE

City

GREENSBORO

State

GA

Zip Code

30642-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013818

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANK MOYA

Mailing Address 5915 PONCE DE LEON BLVD STE 19

City

CORAL GABLES

State

FL

Zip Code

33146-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031953

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARRY A. NEFF

Mailing Address 6421 ASHBY GROVE LOOP

City

HAYMARKET

State

VA

Zip Code

20169-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14014699

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JULIEANNE NETTUNE

Mailing Address 123 HIGHLAND AVE

City

SHORT HILLS

State

NJ

Zip Code

07078-1960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006900

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUNE W. NEWTON

Mailing Address 31409 PETERSON RD

City

PHILOMATH

State

OR

Zip Code

97370-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045187

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER M. NOEL

Mailing Address P.O. BOX 1555

City

GREENWICH

State

CT

Zip Code

06836-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRFIELD GREENWICH GROUP  
(PARTNER)

Occupation

INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14058738

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ARTHUR NORDMAN

Mailing Address 1804 5TH. AVE NW APT. 104

City

WAVERLY

State

IA

Zip Code

50677-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045420

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BARRY NORDSTROM

Mailing Address 2760 DELTA DR.

City

COLORADO SPGS

State

CO

Zip Code

80910-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDWEST BARRICADE CO.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14041094

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GREGORY B. NORTON

Mailing Address 109 GRACE CHURCH ST

City

RYE

State

NY

Zip Code

10580-3946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION

Occupation  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14040351

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. NOVOGRADAC

Mailing Address 246 1ST STREET  
5TH FLOOR

City

SAN FRANCISCO

State

CA

Zip Code

94105-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVOGRADAC & COMPANY LLP

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14030274

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30985.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. JOANN NUNNINK

Mailing Address 1901 W 47TH PL  
STE 300

City State Zip Code  
SHAWNEE MSN KS 66205-1834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INTEGRA REALTY RESOURCES  
INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14010085

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. HENRY O'NEILL

Mailing Address 3050 CARRIAGE LN

City State Zip Code  
COLUMBUS OH 43221-4900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14039519

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. DALE P. OAK

Mailing Address 1401 N. NICHOLAS STREET

City State Zip Code  
ARLINGTON VA 22205-2210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE PODESTA GROUP

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14064708

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. CHARLOTTE TOWNE OCONNELL

Mailing Address 116 LINCOLN ST

City State Zip Code  
STERLING CO 80751-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14021020

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN OGDIE

Mailing Address 6529 HARWOOD AVENUE

City State Zip Code  
OAKLAND CA 94618-1903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006905

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DR. SHENTON M. Y. OH

Mailing Address 3387 46TH AVENUE NE

City State Zip Code  
SEATTLE WA 98105-5322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14011177

Amount of Each Receipt this Period

535.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DONNA W. OLSON

Mailing Address 20115 COLONY CT.

City

BROOKFIELD

State

WI

Zip Code

53045-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14030185

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELLEN OMOHUNDRO

Mailing Address 2636 MAIDENS RD

City

GOOCHLAND

State

VA

Zip Code

23063-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14055374

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES E. ORGAIN

Mailing Address 1601 ASHLAND CITY RD

City

CLARKSVILLE

State

TN

Zip Code

37043-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14023786

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES E. OWEN

Mailing Address 1897 NEW FRANKLIN RD

City

LAGRANGE

State

GA

Zip Code

30240-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAMES E OWEN MD

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14041087

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PAULINE PAINO

Mailing Address 333 N MAPLEWOOD ST

City

ORANGE

State

CA

Zip Code

92866-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012353

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PAULINE PAINO

Mailing Address 333 N MAPLEWOOD ST

City

ORANGE

State

CA

Zip Code

92866-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031718

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JERRY M. PARKER

Mailing Address 1070 ORTEGA ROAD

City

PEBBLE BEACH

State

CA

Zip Code

93953-3137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

UROLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013015

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH E. PATRICK

Mailing Address 90 NAVARRE

City

IRVINE

State

CA

Zip Code

92612-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLUOR CORPORATION

Occupation

ACCOUNTANT/AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14026439

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DEAN PAULES

Mailing Address 102 LYN CIR

City

YORK

State

PA

Zip Code

17403-4748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006932

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD K. PAXTON

Mailing Address 8304 N.E. 304TH AVENUE

City

CAMAS

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: SA11.14010053

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN PECK, JR.

Mailing Address PO BOX 829

City

OCEANSIDE

State

CA

Zip Code

92049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PECK ENTERPRISESOccupation  
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14052370

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. PERO

Mailing Address 41 CRANBERRY RD.

City

WHITMAN

State

MA

Zip Code

02382-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FORTUNE RIPER NETSLOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14034254

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1385.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARYANN R. PERRY

Mailing Address 114 BUSHNELL ST  
APARTMENT 5

City State Zip Code  
BUFFALO NY 14206-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14066472

Amount of Each Receipt this Period

-1500.00

CONTRIBUTION

CHECK RETURNED BY BANK

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSAN PERRY

Mailing Address 6809 E SADDLEBACK DR

City State Zip Code  
ORANGE CA 92869-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14036411

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. EILEEN PFORR

Mailing Address 5729 N POINTE TER

City State Zip Code  
KANSAS CITY MO 64152-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051409

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

-1070.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

YINGYOT PHATHANABONT

Mailing Address 7440 SYLVIA AVE

City

RESEDA

State

CA

Zip Code

91335-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14022614

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LUCILLE L. PHILLIPS

Mailing Address 906 CLEN OAK PARKWAY

City

BURNET

State

TX

Zip Code

78611-5451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059856

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED PIERDOLLA, JR.

Mailing Address P.O. BOX 10

City

LA VERNIA

State

TX

Zip Code

78121-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL TEXAS CATTLE CO.  
INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14039514

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE PIPER

Mailing Address 3545 GORDON DR.

City

NAPLES

State

FL

Zip Code

34102-7909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: SA11.14037263

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BILL PLATTOS

Mailing Address 3733 CALLE CASINO

City

SAN CLEMENTE

State

CA

Zip Code

92673-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST TEAM REAL ESTATEOccupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: SA11.14041178

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE PLOESSL

Mailing Address 5471 GLENELLEN DRIVE  
APARTMENT 3

City

BOZEMAN

State

MT

Zip Code

59718-6713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTANA STATE UNIVERSITYOccupation  
FOOTBALL COACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14018788

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY PLYLER

Mailing Address PO BOX 560

City

GLENWOOD

State

AR

Zip Code

71943-0560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN PLYLER HOME CENTER

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048322

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM POFF

Mailing Address 1005 S FRANKLIN ST

City

CHRISTIANSBURG

State

VA

Zip Code

24073-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043541

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK E. POHRER

Mailing Address 15 OVERBROOK DR.

City

SAINT LOUIS

State

MO

Zip Code

63124-1482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDLAND OIL CO.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14031248

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK E. POHRER

Mailing Address 15 OVERBROOK DR.

City

SAINT LOUIS

State

MO

Zip Code

63124-1482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDLAND OIL CO.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14040565

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BROOKS POLLOCK

Mailing Address 1080 LASKIN RD. STE. 103

City

VIRGINIA BEACH

State

VA

Zip Code

23451-6363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018794

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MADELEINE POOL

Mailing Address 10429 SALINAS RIVER CIR

City

FOUNTAIN VLY

State

CA

Zip Code

92708-6841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008720

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE H. POOLE

Mailing Address 5001 NAMASTE RD. NW

City

ALBUQUERQUE

State

NM

Zip Code

87120-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020228

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY POSELENZNY

Mailing Address 260 RIVERMERE WAY

City

ATLANTA

State

GA

Zip Code

30350-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14023678

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD D. POWELL

Mailing Address 806 ARCADIA DRIVE

City

VACAVILLE

State

CA

Zip Code

95687-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14033365

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY W. POWELL

Mailing Address 3641 ROCKHILL RD.

City

BIRMINGHAM

State

AL

Zip Code

35223-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049600

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ARLINE M. PRATT

Mailing Address 402 FAIRWAY DR.

City

BAKERSFIELD

State

CA

Zip Code

93309-2481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14023657

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWARD PRIESS

Mailing Address 3 LARKSPUR CT.

City

ST. CHARLES

State

MO

Zip Code

63301-0627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14024761

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

990.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM PRIMM

Mailing Address 90 ARNEYTOWN HORNERSTOWN RD.

City

CREAM RIDGE

State

NJ

Zip Code

08514-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRINCETON INVESTMENT MAN.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048792

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN P. RAND

Mailing Address 521 N BRISTOL AVE

City

LOS ANGELES

State

CA

Zip Code

90049-2609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038811

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JUDY READ

Mailing Address 285 READ RD

City

FARMERVILLE

State

LA

Zip Code

71241-7937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
READ LUMBER

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14015009

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SEDRIC L. REESE

Mailing Address PO BOX 111626

City

HOUSTON

State

TX

Zip Code

77293-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTFIELD MACH. INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14015036

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BARBARA REIDA

Mailing Address 711 EDEN TER.

City

EASTON

State

PA

Zip Code

18042-6971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14015391

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. REIDER

Mailing Address P.O. BOX 70888

City

HOUSTON

State

TX

Zip Code

77270-0888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROCESS MANUFACTURING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14025074

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHEILA REISS

Mailing Address 1179 SONGWOOD RD.

City

VALLEJO

State

CA

Zip Code

94591-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044331

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROGER REMBECKI

Mailing Address 960 HILLTOP DR.

City

SULLIVAN

State

MO

Zip Code

63080-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018087

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CORINNE S. REPSOLD

Mailing Address 455 SE 177TH AVE  
UNIT 282

City

VANCOUVER

State

WA

Zip Code

98683-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14055618

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE R. REVIE

Mailing Address 8869 GREENHILL LN

City

GREENDALE

State

WI

Zip Code

53129-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035111

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOYLE A. REVIS

Mailing Address 300 RED RIVER WAY

City

IRVING

State

TX

Zip Code

75063-6812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008661

Amount of Each Receipt this Period

325.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GRIFFITH RICHARD

Mailing Address 3417 MILAM ST.

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14023808

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GRIFFITH RICHARD

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14034892

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GRIFFITH RICHARD

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14050788

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LINDA E. RICHMOND

Mailing Address 11123 LIGHTER DR.

City

NORTHPORT

State

AL

Zip Code

35475-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14037464

Amount of Each Receipt this Period

650.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY DANIEL RIGGS

Mailing Address P.O. BOX 1182

City

ALAMO

State

CA

Zip Code

94507-7182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRM CORPORATION

Occupation

EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: SA11.14039956

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE T. RIGLEMON

Mailing Address 21716 ASPEN AVE

City

WARRENS

State

WI

Zip Code

54666-7593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: SA11.14007057

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JULIA A. RILEY

Mailing Address 371 QUEENS DR S

City

NEWARK

State

OH

Zip Code

43055-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: SA11.14051252

Amount of Each Receipt this Period

205.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1415.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY J. RILEY

Mailing Address 2967 TEAL LN.

City

CLEARWATER

State

FL

Zip Code

33762-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLDWELL BANKER

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14041171

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK C. RIVERA

Mailing Address 147 E MARYLAND AVE

City

PHOENIX

State

AZ

Zip Code

85012-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14016302

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID ROBERTS

Mailing Address 325 WEST END AVENUE  
APT. 11D

City

NEW YORK

State

NY

Zip Code

10023-8135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANGELO, GORDON

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14053082

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN ROBERTS

Mailing Address 261 RIVERWAY DR.

City

VERO BEACH

State

FL

Zip Code

32963-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14028245

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER ROBIN

Mailing Address 3506 CROSSHAVEN LN

City

TALLAHASSEE

State

FL

Zip Code

32309-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14030047

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. HUGH ROBINSON

Mailing Address 1904 VALLEY VIEW RD

City

OKMULGEE

State

OK

Zip Code

74447-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020176

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES A. ROHDE

Mailing Address PO BOX 368

City

CEDAR RAPIDS

State

IA

Zip Code

52406-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ATTORNEY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14014998

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. ROOT

Mailing Address 14611 BROADGREEN DR

City

HOUSTON

State

TX

Zip Code

77079-6426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044426

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. AMBER ROSATO-KRIPOTOS

Mailing Address 11501 LUVIE CT

City

POTOMAC

State

MD

Zip Code

20854-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051309

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD T. ROUNDTREE

Mailing Address 210 TRACE COLONY PARK DRIVE

City

RIDGELAND

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020619

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL RUBSCHLAGER

Mailing Address 3220 W GRAND AVE

City

CHICAGO

State

IL

Zip Code

60651-4180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14023675

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANATOLY RUDNITSKY

Mailing Address 10130 SE BRITTANY CT

City

CLACKAMAS

State

OR

Zip Code

97015-8670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TGR LOGISTICS INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14036419

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TRACY T. RUDOLPH

Mailing Address 735 MACEDONIA DRIVE

City

PUNTA GORDA

State

FL

Zip Code

33950-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14033020

Amount of Each Receipt this Period

1150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHAN T. RUSSELL

Mailing Address 5660 WOODSIDE CIR.

City

MONTGOMERY

State

AL

Zip Code

36117-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007619

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

P. R. RUTHERFORD

Mailing Address 2944 PRIVATE RD. 1580

City

PEARSALL

State

TX

Zip Code

78061-6702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14050215

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SCOTT RYAN

Mailing Address 104 BEE GEE RD

City

LUMBERTON

State

NC

Zip Code

28358-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS HEALTH OF CAROL-  
INA PAOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14017950

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS B. SAGAR

Mailing Address 85 HUDSON RD

City

STOW

State

MA

Zip Code

01775-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HYDRO-TEST PRODUCTSOccupation  
PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: SA11.14044476

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL SALTER, JR.

Mailing Address 211 SMYER TER.

City

VESTAVIA

State

AL

Zip Code

35216-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: SA11.14046088

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

840.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LISA A. SANZONE

Mailing Address 137 BOULEVARD

City

MOUNTAIN LAKES

State

NJ

Zip Code

07046-1299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14046232

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN W. SARGEANT

Mailing Address 118 WOODHAVEN DR

City

SIDNEY

State

OH

Zip Code

45365-9478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14020447

Amount of Each Receipt this Period

330.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MAX SAUCEDA

Mailing Address 121 SHERWOOD DR

City

SAN ANTONIO

State

TX

Zip Code

78201-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAX AUTO SALES, INC.

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14012914

Amount of Each Receipt this Period

600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1930.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER R. SAWERS

Mailing Address 2500 INDIGO LN. UNIT 272

City

GLENVIEW

State

IL

Zip Code

60026-8305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: SA11.14054765

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD L. SAWYER

Mailing Address 1819 MILFORD ST

City

HOUSTON

State

TX

Zip Code

77098-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAWYER DRILLING & SERVICE,  
LLCOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: SA11.14012335

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRITZ SCHAEFER

Mailing Address 691 DEER PARK RD

City

DIX HILLS

State

NY

Zip Code

11746-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTIC NURSERIESOccupation  
GARDNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	1

Transaction ID: SA11.14007582

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

740.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LLOYD SCHMALTZ

Mailing Address 10435 ORTONVILLE RD

City

CLARKSTON

State

MI

Zip Code

48348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOTRONIXCS

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14010050

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS A. SCHMIDT

Mailing Address 9441 FIREBUSH DR.

City

SAINT LOUIS

State

MO

Zip Code

63126-2837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017486

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. STEPHEN M. SCHOEPPEL

Mailing Address PO BOX 2638

City

MUSKOGEE

State

OK

Zip Code

74402-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14052573

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

870.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DUANE SCHONEWEIS

Mailing Address P.O. BOX 155

City

MEDFORD

State

OK

Zip Code

73759-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: SA11.14020608

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SALLI SCHONNING

Mailing Address 5908 WARD LANE

City

LANGLEY

State

WA

Zip Code

98260-8307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: SA11.14009487

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY SCHRAUT

Mailing Address P.O. BOX 1104

City

BROOKSVILLE

State

FL

Zip Code

34605-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTURY 21 ALLIANCE REALTYOccupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14047065

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WERNER SCHUMACHER

Mailing Address P.O. BOX 27710

City

SCOTTSDALE

State

AZ

Zip Code

85255-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHUMACHER EUROPEAN LTD

Occupation

AUTOMOBILE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: SA11.14034014

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RANDY SELFRIDGE

Mailing Address 43480 NE T RD.

City

BURDETT

State

KS

Zip Code

67523-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIVE STAR FARM INC.

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: SA11.14035419

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RANDY SELFRIDGE

Mailing Address 43480 NE T RD.

City

BURDETT

State

KS

Zip Code

67523-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIVE STAR FARM INC.

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: SA11.14055031

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CURT SELQUIST

Mailing Address 36 CLEARVIEW RD

City

WHITEHOUSE STATION

State

NJ

Zip Code

08889-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CURTOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14043417

Amount of Each Receipt this Period

420.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ROBIN G. SENIOR

Mailing Address 1296 N LAKE WAY

City

PALM BEACH

State

FL

Zip Code

33480-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14043283

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT F. SHARPE

Mailing Address 723 FLEMING ST

City

KEY WEST

State

FL

Zip Code

33040-6827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: SA11.14043299

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1130.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BART SHELDON

Mailing Address 3868 GONI RD. STE. 2

City

CARSON CITY

State

NV

Zip Code

89706-0675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDUSTRIAL LOGISTICS SUCS  
INC

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11.14033203

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARBARA J. SHEPHERD

Mailing Address 8004 COUNTY RD 259

City

CAMERON

State

TX

Zip Code

76520-5108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14012294

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SHEPPARD

Mailing Address 12319 DRAKE PRAIRIE LANE

City

CYPRESS

State

TX

Zip Code

77429-3889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: SA11.14068861

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional) .....

-4540.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL SHRAGA

Mailing Address 205 E 69TH ST APT 8C

City

NEW YORK

State

NY

Zip Code

10021-5437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035258

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAND SHULMAN

Mailing Address 3030 BONNEBRIDGE WAY BLVD

City

HOUSTON

State

TX

Zip Code

77082-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11.14007792

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. SIENKIEWICZ

Mailing Address 6738 SE MORNING DOVE WAY

City

HOBE SOUND

State

FL

Zip Code

33455-8031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017106

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN H. SIMON

Mailing Address 1383 N CRISS ST

City

CHANDLER

State

AZ

Zip Code

85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 1

Transaction ID: SA11.14052352

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HAROLD A. SIMPSON

Mailing Address 6378 CAMINO DE LA COSTA

City

LA JOLLA

State

CA

Zip Code

92037-6525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14054745

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GRETCHEN A. SINGH

Mailing Address 500 BARRETT LN

City

AUSTIN

State

TX

Zip Code

78733-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14014848

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK E. SITTERLE

Mailing Address 2400 CLIFF PT

City

SPICEWOOD

State

TX

Zip Code

78669-3051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WHOLESALE ELECTRIC SUPPLY

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14056968

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS SKIFFINGTON

Mailing Address 701 W. MARKET STREET

City

PERKASIE

State

PA

Zip Code

18944-1161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RE/MAX 440 REALTY, INC.

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14044238

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS F. SLATER

Mailing Address 70 OYSTER CUT

City

VERO BEACH

State

FL

Zip Code

32963-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14023003

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. AMELIA SMITH

Mailing Address 1531 COUNTY RD

City

KEMPNER

State

TX

Zip Code

76539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: SA11.14043545

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK SMITH

Mailing Address 10706 BEAVER DAM ROAD

City

HUNT VALLEY

State

MD

Zip Code

21030-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SINCLAIR BROADCAST GROUP,  
INC.Occupation  
BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: SA11.14051376

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. SMYTH

Mailing Address 11059 MARQUETTE DR

City

NEW BUFFALO

State

MI

Zip Code

49117-9228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: SA11.14043847

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL H. SNIDER

Mailing Address 5150 MADISON AVE

City

SACRAMENTO

State

CA

Zip Code

95841-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

AUTOMOBILE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044490

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD SNYDER

Mailing Address 399 CAMINO DEL RIO SOUTH #102

City

SANDIEGO

State

CA

Zip Code

92108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R.A. SNYDER PROPERTIES, IN-  
C.

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14044231

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ILONA R. SOLDES

Mailing Address 10 GRISTMILL LN.

City

GREAT NECK

State

NY

Zip Code

11023-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14032445

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD V. SORKIN

Mailing Address 11916 LEDGEROCK CT

City

POTOMAC

State

MD

Zip Code

20854-2155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14012375

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT SPAR

Mailing Address 3709 OLD CONEJO RD

City

NEWBURY PARK

State

CA

Zip Code

91320-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: SA11.14011578

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICK SPARKS

Mailing Address 390 WHITE OAK DR

City

MANY

State

LA

Zip Code

71449-5734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROFESSIONAL DIRECTIONALOccupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14018810

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

670.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS BRYANT SPARKMAN

Mailing Address 2200 WILSON BLVD. #102-40

City

ARLINGTON

State

VA

Zip Code

22201-3397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE PODESTA GROUP

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14064704

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SARAH C. SPEER

Mailing Address 1220 LARIAT CIR

City

DALHART

State

TX

Zip Code

79022-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14052452

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER J. STADLER

Mailing Address 307 FREEMANS LN.

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043972

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1420.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHLEEN STARR

Mailing Address 336 OCEAN WAY

City

VERO BEACH

State

FL

Zip Code

32963-2629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14010807

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. STATTON

Mailing Address 6645 CASTLE PINES DR.

City

PLANO

State

TX

Zip Code

75093-6380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14045252

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. STAUFFER

Mailing Address 2855 SW MACVICAR AVE

City

TOPEKA

State

KS

Zip Code

66611-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14060006

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ARLAND T. STEIN

Mailing Address 4296 PRESERVATION AVE

City

NEW ALBANY

State

OH

Zip Code

43054-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14042390

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TERRY G. STEPHENS

Mailing Address P.O. BOX 220

City

HENDERSONVILLE

State

TN

Zip Code

37077-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEPHENS CARRIERS INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14009201

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY G. STEPHENS

Mailing Address P.O. BOX 220

City

HENDERSONVILLE

State

TN

Zip Code

37077-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEPHENS CARRIERS INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018133

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER F. STETSON

Mailing Address 5760 GALLERY COURT

City

WEST DES MOINES

State

IA

Zip Code

50266-6629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14015454

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. AL K. STEWART

Mailing Address 115 CONROE DR

City

CONROE

State

TX

Zip Code

77301-1966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEWART AND STEWART

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018883

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANK STEWART

Mailing Address 4008 WHEAT DR.

City

METAIRIE

State

LA

Zip Code

70002-1356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLEUR DELIS HEALTHCARE MN-  
GT. LLC.

Occupation  
NURSING HOME ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14048912

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANITA STOVER

Mailing Address 8716 SE 15TH. ST.

City

OKLAHOMA CITY

State

OK

Zip Code

73110-7941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14033936

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RENARD STRAUTMAN

Mailing Address 70 E 10TH. ST. APT. 10J

City

NEW YORK

State

NY

Zip Code

10003-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRUMONT ADVISORS LTD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

STRATEGIC ADVISOR

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14025073

Amount of Each Receipt this Period

480.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN C. STROBEL

Mailing Address 1603 E 25 RD

City

MARQUETTE

State

NE

Zip Code

68854-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14010811

Amount of Each Receipt this Period

410.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DWIGHT H. SWANSON

Mailing Address 13731 HICKMAN RD.  
DEERFIELD APT. 3201

City State Zip Code  
 URBANDALE IA 50323-2193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017064

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK SYKES

Mailing Address 131 SUMMIT DR  
STE 301

City State Zip Code  
 PIKEVILLE KY 41501-1580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUMMIT ENGINEERING INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14012376

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WALTER J. SZYDLOWSKI

Mailing Address 6475 SUGAR TREE DR.

City State Zip Code  
 SPRING HILL FL 34607-2517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INTERNAL MEDICINE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14017778

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WALTER J. SZYDLOWSKI

Mailing Address 6475 SUGAR TREE DR.

City

SPRING HILL

State

FL

Zip Code

34607-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INTERNAL MEDICINE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044682

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. TAIT

Mailing Address 1326 CHARTER CT E

City

JACKSONVILLE

State

FL

Zip Code

32225-2658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14018371

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FENTON TALBOTT

Mailing Address 350 DELGADO ST

City

SANTA FE

State

NM

Zip Code

87501-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11.14025354

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. SUPOJ TANCHAJJA

Mailing Address 8 CROMWELL CIRCLE

City

STATEN ISLAND

State

NY

Zip Code

10304-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14022683

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY TANNER

Mailing Address P.O. BOX 460

City

ELLISVILLE

State

MS

Zip Code

39437-0460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14044728

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

VICTOR BOYLAN TATE, II

Mailing Address 4446 BANNOCK DR.

City

BOZEMAN

State

MT

Zip Code

59715-9303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14011410

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN TAVILLA

Mailing Address 7023 MONTRICO DR.

City

BOCA RATON

State

FL

Zip Code

33433-6923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14032844

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

B. TEBALT

Mailing Address 166 SAN MARCO AVE

City

SAINT AUGUSTINE

State

FL

Zip Code

32084-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14030013

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY TEGELER

Mailing Address P.O. BOX 163

City

MEADOW GROVE

State

NE

Zip Code

68752-0163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14035437

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. AUDREY THIEMAN

Mailing Address 200 E CR 900 S

City

MADISON

State

IN

Zip Code

47250-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14018783

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY C. THOMAS

Mailing Address 1026 STEPHENS ROAD

City

MAINEVILLE

State

OH

Zip Code

45039-8663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	1	1

Transaction ID: SA11.14010561

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. THOMAS

Mailing Address P.O. BOX 4679

City

TULSA

State

OK

Zip Code

74159-0679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
OIL & GAS PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: SA11.14009411

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1420.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. THOMAS

Mailing Address P.O. BOX 4679

City

TULSA

State

OK

Zip Code

74159-0679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

OIL & GAS PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049085

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR THOMPSON

Mailing Address PO BOX 450

City

STROUD

State

OK

Zip Code

74079-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STROUD NATIONAL BANK

Occupation

BANK PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14007298

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. THOMPSON

Mailing Address 8590 COUNTY RD. 159

City

KAUFMAN

State

TX

Zip Code

75142-8715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14043342

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM S. THOMPSON

Mailing Address 20817 SANTORINI WAY

City

N FT MYERS

State

FL

Zip Code

33917-6785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: SA11.14039925

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHAD TILLMAN

Mailing Address 2505 HALLE PKWY.

City

COLLIERVILLE

State

TN

Zip Code

38017-8828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14045618

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY M. TINERVIN

Mailing Address 138 E BEAUFORT ST  
STE A

City

NORMAL

State

IL

Zip Code

61761-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST SALE LTDOccupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: SA11.14038397

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CARYL E. TOEDTER

Mailing Address 1149 COUNTRY PLACE DR STE 6

City

MARYSVILLE

State

KS

Zip Code

66508-8661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013332

Amount of Each Receipt this Period

270.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT TOOTHAKER

Mailing Address 1229 EATON DRIVE

City

SOUTH BEND

State

IN

Zip Code

46614-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REAL ESTATE MANAGEMENT CO-  
RPORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048384

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. TRICOU, JR.

Mailing Address 18546 S. MISSION HILLS AVENUE

City

BATON ROUGE

State

LA

Zip Code

70810-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14034170

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM S. TRUKENBROD

Mailing Address 2122 WILMOT RD

City

BANNOCKBURN

State

IL

Zip Code

60015-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: SA11.14048328

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOEY W. TUCKER

Mailing Address 3357 GA HIGHWAY 37 E

City

MOULTRIE

State

GA

Zip Code

31788-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14052556

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELTON D. TURNER

Mailing Address 407 S MAIN ST

City

SWAINSBORO

State

GA

Zip Code

30401-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TURNER AND JONES LLCOccupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14012374

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

910.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS DYE TURNER

Mailing Address 108 E CURRY DR

City

TERRE HAUTE

State

IN

Zip Code

47802-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14012984

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MERRILL R. TUTTON

Mailing Address 10040 E HAPPY VALLEY RD  
UNIT 46

City

SCOTTSDALE

State

AZ

Zip Code

85255-2365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14037372

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. TYSINGER

Mailing Address 694 SPARTAN DRIVE

City

LEXINGTON

State

NC

Zip Code

27292-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGEMENT CONSULTANT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.14024292

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY T. UTLEY

Mailing Address P.O. BOX 4095

City  
TUSTINState  
CAZip Code  
92781-4095FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: SA11.14038788

Amount of Each Receipt this Period

252.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLARENCE VAN VOORST

Mailing Address 607 BLACK FOREST RD.

City  
HULLState  
IAZip Code  
51239-7486FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONTRACT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: SA11.14030575

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LAURA VAN WAGNER

Mailing Address 4474 SPRING IS

City  
OKATIEState  
SCZip Code  
29909-4731FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: SA11.14043385

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

712.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TINKHAM VEALE, II

Mailing Address 1700 EPPING RD.

City

GATES MILLS

State

OH

Zip Code

44040-9688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14015956

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARY VICKERS

Mailing Address 42929 PEARLWOOD DR

City

LANCASTER

State

CA

Zip Code

93536-4757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14055370

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT CARR VINCENT

Mailing Address P.O. BOX 7340

City

AMARILLO

State

TX

Zip Code

79114-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11.14034408

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY WADE

Mailing Address 4100 PERIMETER CTR DR STE 330

City

OKLAHOMA CITY

State

OK

Zip Code

73112-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RED EARTH SYSTEMS LLC

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051707

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES WALKER

Mailing Address 4202 TUSCANY CT

City

BALTIMORE

State

MD

Zip Code

21210-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14052567

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PETE WALTER

Mailing Address 6864 NE 14TH. ST. STE. 4

City

ANKENY

State

IA

Zip Code

50023-9525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REW SERVICES CORP

Occupation  
BUSINESS MAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059481

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. WARD

Mailing Address 11 MENDONSHIRE DR

City

HONEOYE FALLS

State

NY

Zip Code

14472-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: SA11.14025961

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. WARD

Mailing Address 11 MENDONSHIRE DR

City

HONEOYE FALLS

State

NY

Zip Code

14472-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: SA11.14042295

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDALL WEEKS

Mailing Address 4934 E 2ND AVENUE

City

DENVER

State

CO

Zip Code

80220-6307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVIS, GROBAN & STABBOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Transaction ID: SA11.14029286

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

705.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. T. C. WELLER, JR.

Mailing Address 8054 MCGOWIN DR

City

FAIRHOPE

State

AL

Zip Code

36532-5542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11.14028349

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CORNELIS G. WESSELING

Mailing Address 904 SANTA CRUZ CT.

City

ROSEVILLE

State

CA

Zip Code

95661-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038753

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RON WESTERVELT

Mailing Address 4928 VIEJO CT

City

GRANBURY

State

TX

Zip Code

76049-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: SA11.14019944

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID WHITLEY

Mailing Address 1120 NW 195TH ST

City

EDMOND

State

OK

Zip Code

73012-3484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14059717

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. WILCOX, JR.

Mailing Address 3000 INDUSTRIAL AVENUE 3

City

FORT PIERCE

State

FL

Zip Code

34946-8609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHOENIX METAL PRODUCTS IN-  
C.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PARTNER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14029985

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE WILKERSON

Mailing Address 2915 PARKWAY ST

City

LAKELAND

State

FL

Zip Code

33811-1391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILKERSON INSTRUMENT CO,  
INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN/CEO

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14050887

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY K. WILLARD, II

Mailing Address P.O. BOX 3269

City

SHEPHERDSTOWN

State

WV

Zip Code

25443-3269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14011484

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DAVID V. WILLIAMS

Mailing Address 2921 COOKS HILL RD

City

CENTRALIA

State

WA

Zip Code

98531-9009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.14013652

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMIE G. WILLIAMS

Mailing Address 725 W TENNESSEE ST

City

FLOYDADA

State

TX

Zip Code

79235-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14051524

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS M. WILLINGHAM

Mailing Address 110 GROSVENOR PL NW

City

ATLANTA

State

GA

Zip Code

30328-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11.14049617

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANK WILSON, III

Mailing Address 2625 ORCHARD RUN

City

ATLANTA

State

GA

Zip Code

30339-4651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILSON BROCK & IRBG LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14041362

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. J. GREGORY WINCHESTER

Mailing Address 16035 WESTBROOK RD

City

MILTON

State

GA

Zip Code

30004-2887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11.14039957

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BRENDA G. WINES

Mailing Address 3525 48TH ST

City

WOODWARD

State

OK

Zip Code

73801-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: SA11.14014855

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MERLE L. WISCHMEIER

Mailing Address 702 PARK ST

City

WATERLOO

State

IL

Zip Code

62298-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: SA11.14013832

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WITT

Mailing Address 3781 HAPPY VALLEY CIR

City

NEWNAN

State

GA

Zip Code

30263-4098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: SA11.14012444

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1060.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT WRIGHT

Mailing Address 441 VILLAGE LN

City

VERO BEACH

State

FL

Zip Code

32963-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BENEFIT SERVICE COMPANY

Occupation

SALES EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.14006871

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALLACE GLENN YANCEY

Mailing Address PO BOX 758

City

LANETT

State

AL

Zip Code

36863-0758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11.14010065

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS YORK

Mailing Address 3441 E HARBOUR DR

City

PHOENIX

State

AZ

Zip Code

85034-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EWING IRRIGATIONS

Occupation

OWNER, PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14016601

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. YOUNG

Mailing Address 1121 CEDAR CREEK CIR

City

DAYTON

State

OH

Zip Code

45459-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11.14008875

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET J. ZACHARIAS

Mailing Address 780 BUTTERCUP TRCE

City

ALPHARETTA

State

GA

Zip Code

30022-5174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAVI ZACHARIAS INTERNATIO-  
NAL MINISTERIE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VICE PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11.14038281

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MAURA ZIC

Mailing Address 7000 N. LAWNGDALE AVENUE

City

LINCOLNWOOD

State

IL

Zip Code

60712-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROWAY SYSTEMS INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUSINESS OWNER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14057211

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DIANA L. ZIEGLER

Mailing Address 5662 LA COSTA CANYON CT  
# 105City State Zip Code  
LAS VEGAS NV 89139FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONTROL CONTRACTORS INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: SA11.14041103

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. T. PRICE ZIMMERMANN

Mailing Address 16101 MCAULEY ROAD

City State Zip Code  
HUNTERSVILLE NC 28078-4672FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14052685

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM ZINGARELLI

Mailing Address 10324 SW 48TH PL

City State Zip Code  
GAINESVILLE FL 32608-7177FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF FLORIDAOccupation  
SURVEYOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: SA11.14051940

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

820.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALSTON & BIRD LLP

Mailing Address 1201 WEST PEACHTREE STREET  
ONE ATLANTIC CENTER

City State Zip Code  
ATLANTA GA 30309-3449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048350

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

ATtribution TO PARTNERS  
REQUESTED

**B.**

Full Name (Last, First, Middle Initial)

THE CHICKASAW NATION

Mailing Address P.O. BOX 1548

City State Zip Code  
ADA OK 74821-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053112

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60800.00

**TOTAL** This Period (last page this line number only) .....

429626.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TIM SCOTT FOR CONGRESS

Mailing Address 1405 ASHLEY RIVER ROAD

City

CHARLESTON

State

SC

Zip Code

29407-5305

FEC ID number of contributing  
federal political committee.

**C**

C00476226

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14064711

Amount of Each Receipt this Period

10000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

ABBOTT LABORATORIES PAC

Mailing Address 1399 NEW YORK AVENUE NW  
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20005-4732

FEC ID number of contributing  
federal political committee.

**C**

C00040279

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053096

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ACA INTERNATIONAL PAC

Mailing Address 509 2ND STREET, NE

City

WASHINGTON

State

DC

Zip Code

20002-7726

FEC ID number of contributing  
federal political committee.

**C**

C00034785

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14053083

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

40000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AETNA INC. PAC

Mailing Address 1331 F STREET, NW  
SUITE 450

City State Zip Code  
WASHINGTON DC 20004-1133

FEC ID number of contributing  
federal political committee.

**C** C00181826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053107

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AFLAC INCORPORATED PAC

Mailing Address 1300 PENNSLYVANIA AVENUE, NW  
SUITE 300

City State Zip Code  
WASHINGTON DC 20004-3039

FEC ID number of contributing  
federal political committee.

**C** C00034157

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048356

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AIRCRAFT OWNERS & PILOTS ASSOCIATION PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 875

City State Zip Code  
WASHINGTON DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00131185

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048358

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

32500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALPHA NATURAL RESOURCES (FOUNDATION COAL) PAC

Mailing Address 999 CORPORATE BOULEVARD  
SUITE 300City State Zip Code  
LINTHICUM HEIGHTS MD 21090-2271FEC ID number of contributing  
federal political committee.**C** C00348524

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14063822

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMERICA'S HEALTH INSURANCE PLANS PAC

Mailing Address 601 PENNSYLVANIA AVE. NW, SOUTH BU

City State Zip Code  
WASHINGTON DC 20004FEC ID number of contributing  
federal political committee.**C** C00106740

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: SA11.14048953

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS PAC

Mailing Address 412 FIRST STREET, SE, SUITE 12

City State Zip Code  
WASHINGTON DC 20003-1804FEC ID number of contributing  
federal political committee.**C** C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: SA11.14053098

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN CRYSTAL SUGAR PAC

Mailing Address 101 NORTH THIRD STREET

City

MOORHEAD

State

MN

Zip Code

56560-1952

FEC ID number of contributing  
federal political committee.

**C**

C00110338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14039904

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF CARDIOLOGY PAC

Mailing Address 2400 N. STREET, NW

City

WASHINGTON

State

DC

Zip Code

20037-1153

FEC ID number of contributing  
federal political committee.

**C**

C00375360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063814

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL ASSOCIATION, PAC

Mailing Address 1111 14TH STREET, NW-SUITE 1200

City

WASHINGTON

State

DC

Zip Code

20005-5651

FEC ID number of contributing  
federal political committee.

**C**

C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053101

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN INDIAN SOVEREIGNTY SELF-DETERMINATION, PAC

Mailing Address 224 2ND ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1943

FEC ID number of contributing  
federal political committee.

**C**

C00367177

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053100

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS, PAC

Mailing Address 1455 PENNSYLVANIA AVE. NW-SUITE 40

City

WASHINGTON

State

DC

Zip Code

20004-1017

FEC ID number of contributing  
federal political committee.

**C**

C00077321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053104

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF PLASTIC SURGEONS, PAC

Mailing Address 1640 WISCONSIN AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20007-7715

FEC ID number of contributing  
federal political committee.

**C**

C00249342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063823

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERISOURCEBERGEN PAC

Mailing Address 1666 K STREET, NW - SUITE 500

City

WASHINGTON

State

DC

Zip Code

20006-1218

FEC ID number of contributing  
federal political committee.**C**

C00400929

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14063816

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC

Mailing Address 101 CONSTITUTION AVE, SUITE 703 EA

City

WASHINGTON

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.**C**

C00447565

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: SA11.14053102

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ASTRAZENECA PHARMACEUTICALS, PAC

Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 500

City

WASHINGTON

State

DC

Zip Code

20004-2624

FEC ID number of contributing  
federal political committee.**C**

C70003181

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: SA11.14048949

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

40000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AT&T INC. FEDERAL PAC

Mailing Address 1133 21ST STREET, NW, SUITE 900

City

WASHINGTON

State

DC

Zip Code

20036-3333

FEC ID number of contributing  
federal political committee.

**C**

C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063821

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BLANK ROME PAC

Mailing Address 600 NEW HAMPSHIRE AVENUE, NW  
THE WATERGATE

City

WASHINGTON

State

DC

Zip Code

20037-2403

FEC ID number of contributing  
federal political committee.

**C**

C00150797

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048357

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRIDGESTONE AMERICAS, INC. PAC

Mailing Address 607 14TH STREET, NW SUITE 500

City

WASHINGTON

State

DC

Zip Code

20005-2023

FEC ID number of contributing  
federal political committee.

**C**

C00371948

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063825

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN, PAC

Mailing Address 1370 ONTARIO STREET

City

CLEVELAND

State

OH

Zip Code

44113-1744

FEC ID number of contributing  
federal political committee.**C**

C00099234

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11.14039905

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CALPINE CORPORATION PAC

Mailing Address 1401 H. STREET NW  
SUITE 510

City

WASHINGTON

State

DC

Zip Code

20005-2024

FEC ID number of contributing  
federal political committee.**C**

C00362640

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063817

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CANDICE PAC

Mailing Address PO BOX 183370

City

SHELBY TOWNSHIP

State

MI

Zip Code

48318-3370

FEC ID number of contributing  
federal political committee.**C**

C00488155

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053113

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

20000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CENTERPOINT ENERGY, INC. PAC

Mailing Address P.O. BOX 4567

City

HOUSTON

State

TX

Zip Code

77210-4567

FEC ID number of contributing  
federal political committee.

**C**

C00333534

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048354

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CH2M HILL COMPANIES, LTD. PAC

Mailing Address 901 NEW YORK AVENUE, NW  
SUITE 5100 WEST

City

WASHINGTON

State

DC

Zip Code

20001-4432

FEC ID number of contributing  
federal political committee.

**C**

C00143305

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063818

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CHESAPEAKE ENERGY CORPORATION FED. PAC

Mailing Address PO BOX 18496

City

OKLAHOMA CITY

State

OK

Zip Code

73154-0496

FEC ID number of contributing  
federal political committee.

**C**

C00389288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048956

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
COALPAC, NATIONAL MINING ASSOCIATION PACMailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 500 EASTCity State Zip Code  
WASHINGTON DC 20001-2133FEC ID number of contributing  
federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: SA11.14048951

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
CORRECTIONS CORPORATION OF AMERICA, PAC

Mailing Address 10 BURTON HILLS BLVD.

City State Zip Code  
NASHVILLE TN 37215-6105FEC ID number of contributing  
federal political committee. **C** C00366468

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: SA11.14053097

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
CREDIT UNION NATIONAL ASSOCIATIONMailing Address 601 PENNSYLVANIA AVE NW  
SOUTH BUILDING, SUITE 600City State Zip Code  
WASHINGTON DC 20004-2601FEC ID number of contributing  
federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: SA11.14039906

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

33000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVENUE, NW  
SUITE 560, NATIONAL PLACECity State Zip Code  
WASHINGTON DC 20004-1710FEC ID number of contributing  
federal political committee.**C** C00163832

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14063826

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DARDEN RESTAURANTS INC. EMPLOYEES GOOD GOVT. FUND

Mailing Address 1455 PENNSYLVANIA AVENUE, NW, SUIT

City State Zip Code  
WASHINGTON DC 20004-1017FEC ID number of contributing  
federal political committee.**C** C00108282

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14063819

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DELOITTE FEDERAL PAC

Mailing Address 555 12TH STREET, NW  
SUITE 500City State Zip Code  
WASHINGTON DC 20004-1231FEC ID number of contributing  
federal political committee.**C** C00211318

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14063827

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address 1755 S. JEFFERSON DAVIS HIGHWAY  
SUITE 110City State Zip Code  
ARLINGTON VA 22202-3529FEC ID number of contributing  
federal political committee.**C** C00275123

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11.14063811

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DTE ENERGY COMPANY PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW SUITE

City State Zip Code  
WASHINGTON DC 20004-2601FEC ID number of contributing  
federal political committee.**C** C00081547

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: SA11.14048353

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
DUKE ENERGY CORPORATION PACMailing Address 325 7TH STREET, NW  
SUITE 300City State Zip Code  
WASHINGTON DC 20004-2823FEC ID number of contributing  
federal political committee.**C** C00083535

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: SA11.14048950

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
EDS PAC (HEWLETT PACKARD)

Mailing Address 1331 PENNSYLVANIA AVE., NW  
SUITE 1300

City State Zip Code  
WASHINGTON DC 20004-1741

FEC ID number of contributing  
federal political committee.

**C** C00111658

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048957

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ELI LILLY & COMPANY PAC

Mailing Address 555 TWELFTH STREET, NW  
SUITE 650

City State Zip Code  
WASHINGTON DC 20004-1209

FEC ID number of contributing  
federal political committee.

**C** C00082792

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053103

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
EVERY REPUBLICAN IS CRUCIAL, PAC

Mailing Address 25 E. MAIN STREET  
SUITE 200

City State Zip Code  
RICHMOND VA 23219-2109

FEC ID number of contributing  
federal political committee.

**C** C00384701

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14064710

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EXELON CORPORATION PAC

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EASTCity State Zip Code  
WASHINGTON DC 20001-2133FEC ID number of contributing  
federal political committee.**C** C00141218

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14063820

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FMR FIDELITY INVESTMENTS, PAC

Mailing Address 1900 K STREET NW

City State Zip Code  
WASHINGTON DC 20006-1110FEC ID number of contributing  
federal political committee.**C** C00215046

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: SA11.14048946

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GENWORTH FINANCIAL PAC

Mailing Address 701 13TH STREET, NW  
SUITE 710City State Zip Code  
WASHINGTON DC 20005-3967FEC ID number of contributing  
federal political committee.**C** C00404194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14063815

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

35000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
HEALTHNET, PAC

Mailing Address 2107 WILSON BOULEVARD  
SUITE 900

City State Zip Code  
ARLINGTON VA 22201-3096

FEC ID number of contributing  
federal political committee.

**C** C00075820

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048948

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 500 W

City State Zip Code  
WASHINGTON DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063810

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, PAC

Mailing Address 412 1ST STREET SE  
SUITE 300

City State Zip Code  
WASHINGTON DC 20003-1804

FEC ID number of contributing  
federal political committee.

**C** C00022343

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048952

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

Mailing Address 1615 L. STREET NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20036-5623

FEC ID number of contributing  
federal political committee.

**C** C00032698

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063808

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

INTERNATIONAL PAPER PAC

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20004-2514

FEC ID number of contributing  
federal political committee.

**C** C00034405

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048954

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

K. & L. GATES, LLC PAC

Mailing Address 1601 K. STREET NW

City State Zip Code  
WASHINGTON DC 20006-1682

FEC ID number of contributing  
federal political committee.

**C** C00213173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14053085

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN EMPLOYEES' PACMailing Address 1550 CRYSTAL DRIVE  
SUITE 300City State Zip Code  
ARLINGTON VA 22202-4110FEC ID number of contributing  
federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14063809

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MEDNAX PAC

Mailing Address 1301 CONCORD TERRACE

City State Zip Code  
SUNRISE FL 33323-2843FEC ID number of contributing  
federal political committee. **C** C00469205

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: SA11.14048960

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
METLIFE, INC. PACMailing Address 1620 L STREET, NW  
SUITE 800City State Zip Code  
WASHINGTON DC 20036-5629FEC ID number of contributing  
federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: SA11.14063828

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MINEPAC, NATIONAL MINING ASSOCIATION

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 500 EAST

City State Zip Code  
WASHINGTON DC 20001-2133

FEC ID number of contributing  
federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048959

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS, PAC

Mailing Address 500 NEW JERSEY AVENUE NW

City State Zip Code  
WASHINGTON DC 20001-2005

FEC ID number of contributing  
federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048947

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL AUTOMOBILE DEALERS ASSOCIATION, PAC

Mailing Address 412 FIRST STREET, SE

City State Zip Code  
WASHINGTON DC 20003-1804

FEC ID number of contributing  
federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048958

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

32000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION, PAC

Mailing Address 100 DAINGERFIELD ROAD

City

ALEXANDRIA

State

VA

Zip Code

22314-6302

FEC ID number of contributing  
federal political committee.

**C**

C00030809

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: SA11.14053084

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE

Mailing Address 10 G STREET NE  
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20002-4253

FEC ID number of contributing  
federal political committee.

**C**

C00172296

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053108

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M. STREET NW  
SUITE 540

City

WASHINGTON

State

DC

Zip Code

20036-5816

FEC ID number of contributing  
federal political committee.

**C**

C00130773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053099

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
NEWS AMERICA HOLDINGS INC. FOX PAC

Mailing Address 444 N. CAPITOL STREET  
STE. 740

City State Zip Code  
WASHINGTON DC 20001-1512

FEC ID number of contributing  
federal political committee.

**C** C00330019

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053109

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
NEWS AMERICA HOLDINGS INC. FOX PAC

Mailing Address 444 N. CAPITOL STREET  
STE. 740

City State Zip Code  
WASHINGTON DC 20001-1512

FEC ID number of contributing  
federal political committee.

**C** C00330019

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053110

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NEWS AMERICA HOLDINGS INC. FOX PAC

Mailing Address 444 N. CAPITOL STREET  
STE. 740

City State Zip Code  
WASHINGTON DC 20001-1512

FEC ID number of contributing  
federal political committee.

**C** C00330019

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053111

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEXTERA ENERGY- PAC

Mailing Address 801 PENNSYLVANIA AVENUE, NW-SUITE

City

WASHINGTON

State

DC

Zip Code

20004-2679

FEC ID number of contributing  
federal political committee.

**C**

C00064774

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048359

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NOVARTIS CORPORATION PAC

Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 725

City

WASHINGTON

State

DC

Zip Code

20004-2608

FEC ID number of contributing  
federal political committee.

**C**

C00033969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048945

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NUCLEAR ENERGY INSTITUTE FEDERAL PAC

Mailing Address 1776 I STREET NW  
4TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20006-3759

FEC ID number of contributing  
federal political committee.

**C**

C00239848

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063813

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OSI RESTAURANT PARTNERS, PAC

Mailing Address 101 CONSTITUTION AVENUE, NW, SUITE

City

WASHINGTON

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

**C**

C00253153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11.14048955

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PRICEWATERHOUSECOOPERS PAC

Mailing Address 1301 K STREET NW  
SUITE 800W

City

WASHINGTON

State

DC

Zip Code

20005-3317

FEC ID number of contributing  
federal political committee.

**C**

C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053095

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PRINTING INDUSTRIES OF AMERICA PRINTPAC

Mailing Address 601 13TH STREET NW  
SUITE 350S

City

WASHINGTON

State

DC

Zip Code

20005-3861

FEC ID number of contributing  
federal political committee.

**C**

C00018028

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14048961

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PROGRESS ENERGY, PAC

Mailing Address 801 PENNSYLVANIA AVENUE, NW  
SUITE 250

City State Zip Code  
WASHINGTON DC 20004-2681

FEC ID number of contributing  
federal political committee.

**C** C00091884

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053106

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

R.J. REYNOLDS TOBACCO COMPANY PAC

Mailing Address 1201 F STREET NW  
SUITE 1000

City State Zip Code  
WASHINGTON DC 20004-1232

FEC ID number of contributing  
federal political committee.

**C** C00042002

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11.14053105

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TYCO INTERNATIONAL (U.S.) INC. PAC

Mailing Address 607 14TH STREET, NW  
SUITE 550

City State Zip Code  
WASHINGTON DC 20005-2014

FEC ID number of contributing  
federal political committee.

**C** C00433482

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063824

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
UNION PACIFIC, PAC

Mailing Address 600 13TH STREET, NW SUITE 340

City State Zip Code  
WASHINGTON DC 20005-3012

FEC ID number of contributing  
federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11.14048962

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
UPS, PAC

Mailing Address 316 PENNSYLVANIA AVENUE, SE  
SUITE 300

City State Zip Code  
WASHINGTON DC 20003-1173

FEC ID number of contributing  
federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11.14048355

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 400 DEVON PARK DRIVE

City State Zip Code  
WAYNE PA 19087-1816

FEC ID number of contributing  
federal political committee. **C** C00410266

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11.14063812

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

877500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCHOCK VICTORY COMMITTEE

Mailing Address 264 N. LUMPKIN ST., #202

City

ATHENS

State

GA

Zip Code

30601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1376.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: SA12.SVC001

Amount of Each Receipt this Period

1376.81

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH STONE

Mailing Address 142 W. DETWEILLER DRIVE

City

PEORIA

State

IL

Zip Code

61615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WES LENDING

Occupation

MORTGAGE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: SA12.14072503

Amount of Each Receipt this Period

300.00

JFC ATTRIBUTION: SCHOCK VICTORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL STONE

Mailing Address 142 W. DETWEILLER DRIVE

City

PEORIA

State

IL

Zip Code

61615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RLI

Occupation

INSURANCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: SA12.14072502

Amount of Each Receipt this Period

1300.00

JFC ATTRIBUTION: SCHOCK VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

1376.81

TOTAL This Period (last page this line number only) .....

1376.81

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ARGALL FOR CONGRESS

Mailing Address PO BOX 157

City

POTTSVILLE

State

PA

Zip Code

17901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.03

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA15-0.000653

Amount of Each Receipt this Period

612.03

REFUND - TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI-DAYTON RD  
SUITE I-2

City

WEST CHESTER

State

OH

Zip Code

45069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1353.01

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA15-0.000654

Amount of Each Receipt this Period

1353.01

REFUND - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)

PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. PROVIDENCE RD

City

MEDIA

State

PA

Zip Code

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.48

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA15-0.000652

Amount of Each Receipt this Period

289.48

REFUND - TRAVEL

**SUBTOTAL** of Receipts This Page (optional) .....

2254.52

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 566 S RT 303

City	State	Zip Code
BLAUVELT	NY	10913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

998.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: SA15-0.000662

Amount of Each Receipt this Period

998.71

REFUND - MEDIA

**B.**Full Name (Last, First, Middle Initial)  
US POSTAL SERVICE

Mailing Address 2 FEDERAL SQ

City	State	Zip Code
NEWARK	NJ	07102-9998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: SA15-0.000660

Amount of Each Receipt this Period

440.12

REFUND - POSTAGE

**C.**Full Name (Last, First, Middle Initial)  
VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City	State	Zip Code
RICHMOND	VA	23212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3705.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: SA15-0.000661

Amount of Each Receipt this Period

3705.30

REFUND - TAXES

SUBTOTAL of Receipts This Page (optional) .....

5144.13

TOTAL This Period (last page this line number only) .....

7398.65

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GAMMAGE AND BURNHAM

Mailing Address 2 NORTH CENTRAL AVE  
15TH FLOOR

City	State	Zip Code
PHOENIX	AZ	85004-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: SA17-0.000664

Amount of Each Receipt this Period

1000.00

RECOUNT LEGAL CONSULTING  
REFUND

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 232 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WHITAKER L ASKEW	<b>Transaction ID:</b> SB21-0.017913 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>4</td><td>1</td><td>5</td><td>.</td><td>3</td><td>2</td> </tr> </table>	4	1	5	.	3	2														
4	1	5	.	3	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WHITAKER L ASKEW	<b>Transaction ID:</b> SB21-0.018042 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>4</td><td>1</td><td>0</td><td>.</td><td>8</td><td>4</td> </tr> </table>	4	1	0	.	8	4														
4	1	0	.	8	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JACKIE M BARBER	<b>Transaction ID:</b> SB21-0.017914 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>2</td><td>4</td><td>8</td><td>9</td><td>.</td><td>5</td><td>3</td> </tr> </table>	2	4	8	9	.	5	3													
2	4	8	9	.	5	3															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3315.69**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 233 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018043

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2485.06

B.

Full Name (Last, First, Middle Initial)

CREIGH BEHNKE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017925

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1136.24

C.

Full Name (Last, First, Middle Initial)

CREIGH BEHNKE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018044

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1242.23

SUBTOTAL of Disbursements This Page (optional) .....

4863.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 234 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN BENNETT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018045

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

776.40

B.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017924

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

3550.33

C.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018046

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

3538.00

SUBTOTAL of Disbursements This Page (optional) .....

7864.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 235 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017916

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2781.34

B.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018053

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2769.01

C.

Full Name (Last, First, Middle Initial)

KEVIN BOLAND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017923

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

653.08

SUBTOTAL of Disbursements This Page (optional) .....

6203.43

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 237 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITNEY BRIGHTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018050

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1570.27

B.

Full Name (Last, First, Middle Initial)

SEAN BROWN

Mailing Address 10871 LOCKWOOD DR

City  
SILVER SPRING

State  
MD

Zip Code  
20901

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017911

Date of Disbursement

/   /

Amount of Each Disbursement this Period

922.99

C.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017918

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2913.01

**SUBTOTAL** of Disbursements This Page (optional) .....

5406.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 238 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOANNA BURGOS	<b>Transaction ID:</b> SB21-0.018054 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2900.67</td> </tr> </table>	2900.67																			
2900.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY BURTON	<b>Transaction ID:</b> SB21-0.017919 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4779.50</td> </tr> </table>	4779.50																			
4779.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY BURTON	<b>Transaction ID:</b> SB21-0.018051 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4501.14</td> </tr> </table>	4501.14																			
4501.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

12181.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ERIM V CANLIGIL	<b>Transaction ID:</b> SB21-0.017795 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">118.00</td> </tr> </table>	118.00																			
118.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ERIM V CANLIGIL	<b>Transaction ID:</b> SB21-0.017920 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1275.24</td> </tr> </table>	1275.24																			
1275.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ERIM V CANLIGIL	<b>Transaction ID:</b> SB21-0.018055 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1270.77</td> </tr> </table>	1270.77																			
1270.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2664.01**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 240 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017921

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3227.75

B.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018056

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3215.42

C.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017927

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1164.11

SUBTOTAL of Disbursements This Page (optional) .....

7607.28

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 241 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BENJAMIN J CASSIDY	<b>Transaction ID:</b> SB21-0.018057 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1159.65</td> </tr> </table>	1159.65																			
1159.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STEPHEN CASSIDY	<b>Transaction ID:</b> SB21-0.018058 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">672.40</td> </tr> </table>	672.40																			
672.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SARAH CLAMP	<b>Transaction ID:</b> SB21-0.017926 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">833.95</td> </tr> </table>	833.95																			
833.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2666.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 242 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SARAH CLAMP

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018059

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

829.48

B.

Full Name (Last, First, Middle Initial)

JOHN CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018010

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1687.80

C.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017935

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1104.59

SUBTOTAL of Disbursements This Page (optional) .....

3621.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 243 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018060

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1100.13

B.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1324.16

C.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018061

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1319.70

**SUBTOTAL** of Disbursements This Page (optional) .....

3743.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 244 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017929

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

9564.86

B.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018062

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

4540.51

C.

Full Name (Last, First, Middle Initial)

LUCY CROXTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017930

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1144.37

SUBTOTAL of Disbursements This Page (optional) .....

15249.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 245 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LUCY CROXTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018063

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1139.91

**B.**

Full Name (Last, First, Middle Initial)

BRITTANY CURLEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018064

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1078.67

**C.**

Full Name (Last, First, Middle Initial)

EMILY DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018065

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3482.19

**SUBTOTAL** of Disbursements This Page (optional) .....

5700.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 246 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017931

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2435.65

B.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018066

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2423.30

C.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017797

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

3149.89

SUBTOTAL of Disbursements This Page (optional) .....

8008.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 247 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEAH DOW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017933

Date of Disbursement

/   /

Amount of Each Disbursement this Period

995.48

**B.**

Full Name (Last, First, Middle Initial)

LEAH DOW

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018068

Date of Disbursement

/   /

Amount of Each Disbursement this Period

991.02

**C.**

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2216.34

**SUBTOTAL** of Disbursements This Page (optional) .....

4202.84

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 249 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017937

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2404.51

B.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018071

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2400.03

C.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017938

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

4107.10

SUBTOTAL of Disbursements This Page (optional) .....

8911.64

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 251 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018073

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2444.95

**B.**

Full Name (Last, First, Middle Initial)

SCOTT GLUCK

Mailing Address 22187 SAM FRED RD

City  
MIDDLEBURG

State  
VA

Zip Code  
20117

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017694

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017942

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1585.37

**SUBTOTAL** of Disbursements This Page (optional) .....

11530.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 252 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017940

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2976.52

B.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018074

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2964.19

C.

Full Name (Last, First, Middle Initial)

JONATHAN GRISWOLD

Mailing Address 2728 OLD NILES FERRY RD

City  
MARYVILLE

State  
TN

Zip Code  
37803

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017798

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

71.50

SUBTOTAL of Disbursements This Page (optional) .....

6012.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 253 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

896.64

**B.**

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017943

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3898.88

**C.**

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018075

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3886.55

**SUBTOTAL** of Disbursements This Page (optional) .....

8682.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 254 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAYLEE HEATHCOTT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018076

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1139.90

B.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017944

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2375.72

C.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018077

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2791.35

SUBTOTAL of Disbursements This Page (optional) .....

6306.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 255 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIESL HICKEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3741.28

B.

Full Name (Last, First, Middle Initial)

LIESL HICKEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018078

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3728.94

C.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3071.70

**SUBTOTAL** of Disbursements This Page (optional) .....

10541.92

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 257 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSICA JAMES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017947

Date of Disbursement

/   /

Amount of Each Disbursement this Period

960.31

B.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017948

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2573.53

C.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2569.06

**SUBTOTAL** of Disbursements This Page (optional) .....

6102.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 258 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017949

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2243.47

B.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018079

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2238.99

C.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017950

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1759.46

SUBTOTAL of Disbursements This Page (optional) .....

6241.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 259 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARY E KAHLSTORF	<b>Transaction ID:</b> SB21-0.018013 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>431.37</td> </tr> </table>	431.37																			
431.37																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARY E KAHLSTORF	<b>Transaction ID:</b> SB21-0.018082 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1755.00</td> </tr> </table>	1755.00																			
1755.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL R KAPLAN	<b>Transaction ID:</b> SB21-0.017953 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1281.23</td> </tr> </table>	1281.23																			
1281.23																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3467.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 260 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018083

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1276.77

B.

Full Name (Last, First, Middle Initial)

NICHOLAS KARELLAS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017954

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1356.05

C.

Full Name (Last, First, Middle Initial)

NICHOLAS KARELLAS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018084

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1351.57

SUBTOTAL of Disbursements This Page (optional) .....

3984.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 261 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBYN KNECHT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018085

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1223.75

B.

Full Name (Last, First, Middle Initial)

JANICE L KNOPP

Mailing Address 236 KENTUCKY AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017697

Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

THEODORE KWONG

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018086

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

747.99

SUBTOTAL of Disbursements This Page (optional) .....

11971.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 262 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COLIN LARSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018087

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1153.11

B.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017955

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3323.78

C.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018088

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3311.43

**SUBTOTAL** of Disbursements This Page (optional) .....

7788.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 263 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHAUN LEDGERWOOD	<b>Transaction ID:</b> SB21-0.017956 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2326.41</td> </tr> </table>	2326.41																			
2326.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SHAUN LEDGERWOOD	<b>Transaction ID:</b> SB21-0.018089 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2314.07</td> </tr> </table>	2314.07																			
2314.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PAUL A LINDSAY	<b>Transaction ID:</b> SB21-0.017957 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3703.25</td> </tr> </table>	3703.25																			
3703.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8343.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 264 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018014

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018090

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3698.77

C.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017959

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2235.75

**SUBTOTAL** of Disbursements This Page (optional) .....

5944.52

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 265 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018091

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2223.42

B.

Full Name (Last, First, Middle Initial)

SALLY MCALLISTER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017802

Date of Disbursement

/   /

Amount of Each Disbursement this Period

165.70

C.

Full Name (Last, First, Middle Initial)

SALLY D MCALLISTER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017960

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2608.01

**SUBTOTAL** of Disbursements This Page (optional) .....

4997.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 266 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SALLY D MCALLISTER Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.018092 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2603.54</td> </tr> </table>	2603.54																			
2603.54																					
<b>B.</b> Full Name (Last, First, Middle Initial) BROCK MCCLEARY Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.017961 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3304.93</td> </tr> </table>	3304.93																			
3304.93																					
<b>C.</b> Full Name (Last, First, Middle Initial) BROCK MCCLEARY Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.018095 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3292.59</td> </tr> </table>	3292.59																			
3292.59																					

**SUBTOTAL** of Disbursements This Page (optional) .....

9201.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 267 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017836

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

1008.51

B.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017962

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

635.60

C.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018093

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

631.12

SUBTOTAL of Disbursements This Page (optional) .....

2275.23

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 268 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRIS MCNULTY

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018015

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

CATHERINE K MILLER

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

1252.78

**C.**

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017963

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Amount of Each Disbursement this Period

1148.87

SUBTOTAL of Disbursements This Page (optional) .....

12401.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 269 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1144.41

B.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017964

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1076.24

C.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017965

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1409.84

**SUBTOTAL** of Disbursements This Page (optional) .....

3630.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 270 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018101

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1405.37

B.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017966

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2742.67

C.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018102

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2738.20

SUBTOTAL of Disbursements This Page (optional) .....

6886.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 271 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017968

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2659.79

B.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018099

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

3084.85

C.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017969

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2734.01

SUBTOTAL of Disbursements This Page (optional) .....

8478.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 272 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018016

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

480.55

B.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018100

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

2729.55

C.

Full Name (Last, First, Middle Initial)

WILLIAM PLASTER

Mailing Address 14 E BELLEFONTE AVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017698

Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional) .....

10710.10

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 273 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017970

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1222.03

B.

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018103

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1217.57

C.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017971

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

3281.81

SUBTOTAL of Disbursements This Page (optional) .....

5721.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 274 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018104

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3269.46

B.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

917.62

C.

Full Name (Last, First, Middle Initial)

BRANDON RAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018105

Date of Disbursement

/   /

Amount of Each Disbursement this Period

913.15

**SUBTOTAL** of Disbursements This Page (optional) .....

5100.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 275 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017808

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

51.15

B.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017973

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1786.15

C.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018106

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1781.68

SUBTOTAL of Disbursements This Page (optional) .....

3618.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 276 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017974

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1177.80

B.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018107

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1173.34

C.

Full Name (Last, First, Middle Initial)

PABLO SANCHEZ

Mailing Address 1032 N DANVILLE ST

City  
ARLINGTON

State  
VA

Zip Code  
22204

Purpose of Disbursement  
PERSONNEL SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017699

Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

5167.00

SUBTOTAL of Disbursements This Page (optional) .....

7518.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 277 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017975

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1207.30

B.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018108

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1202.84

C.

Full Name (Last, First, Middle Initial)

PETE SESSIONS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017810

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

107.45

SUBTOTAL of Disbursements This Page (optional) .....

2517.59

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 279 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD	<b>Transaction ID:</b> SB21-0.018109 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>4</td><td>3</td><td>0</td><td>3</td><td>.</td><td>6</td><td>1</td> </tr> </table>	4	3	0	3	.	6	1													
4	3	0	3	.	6	1															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MIKE S SHIELDS	<b>Transaction ID:</b> SB21-0.017840 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>4</td><td>6</td><td>8</td><td>.</td><td>3</td><td>4</td> </tr> </table>	4	6	8	.	3	4														
4	6	8	.	3	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE S SHIELDS	<b>Transaction ID:</b> SB21-0.017977 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>4</td><td>4</td><td>1</td><td>9</td><td>.</td><td>8</td><td>7</td> </tr> </table>	4	4	1	9	.	8	7													
4	4	1	9	.	8	7															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**9191.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 280 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018017

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

76.00

B.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018110

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

4407.54

C.

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018111

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

5947.90

SUBTOTAL of Disbursements This Page (optional) .....

10431.44

TOTAL This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 282 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017979

Date of Disbursement

/   /

Amount of Each Disbursement this Period

911.93

B.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018114

Date of Disbursement

/   /

Amount of Each Disbursement this Period

907.47

C.

Full Name (Last, First, Middle Initial)

JONATHAN THOMPSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017980

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1702.39

**SUBTOTAL** of Disbursements This Page (optional) .....

3521.79

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 284 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL	<b>Transaction ID:</b> SB21-0.017829 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">118.18</td> </tr> </table>	118.18																			
118.18																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL	<b>Transaction ID:</b> SB21-0.017984 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4172.32</td> </tr> </table>	4172.32																			
4172.32																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL	<b>Transaction ID:</b> SB21-0.018118 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4159.98</td> </tr> </table>	4159.98																			
4159.98																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8450.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 285 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017985

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2328.41

**B.**

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018119

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2323.93

**C.**

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018120

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6821.69

**SUBTOTAL** of Disbursements This Page (optional) .....

11474.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 286 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAITLIN WOHLFARTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017986

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1433.11

B.

Full Name (Last, First, Middle Initial)

CAITLIN WOHLFARTH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018121

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1428.64

C.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017987

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

1391.43

**SUBTOTAL** of Disbursements This Page (optional) .....

4253.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 287 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018122

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

1386.97

B.

Full Name (Last, First, Middle Initial)

ABIS INC

Mailing Address 10330 S DOLFIELD RD

City  
OWINGS MILLS

State  
MD

Zip Code  
21117

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017844

Date of Disbursement

01 / 18 / 2011

Amount of Each Disbursement this Period

17181.12

C.

Full Name (Last, First, Middle Initial)

ABIS INC

Mailing Address 10330 S DOLFIELD RD

City  
OWINGS MILLS

State  
MD

Zip Code  
21117

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017847

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

17826.61

SUBTOTAL of Disbursements This Page (optional) .....

36394.70

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 288 / 342

<input checked="checked" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ABIS INC

Mailing Address 10330 S DOLFIELD RD

City  
OWINGS MILLSState  
MDZip Code  
21117Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018009

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Amount of Each Disbursement this Period

4023.67

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARKState  
NJZip Code  
07101-1270Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Amount of Each Disbursement this Period

62706.53

C.

Full Name (Last, First, Middle Initial)

123RF.COM

Mailing Address 2650 FOUNTAIN VIEW DR

City  
HOUSTONState  
TXZip Code  
77057Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021394

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Amount of Each Disbursement this Period

749.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

66730.20

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 289 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

37 SIGNALS DOT COM

Mailing Address 400 N MAY ST  
#301

City  
CHICAGO

State  
IL

Zip Code  
60622

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021393

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

24.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMAZON.COM

Mailing Address 1200 12TH AVE

City  
SEATTLE

State  
WA

Zip Code  
98144

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021396

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

191.64

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN STATIONERY

Mailing Address 100 N PARK AVE

City  
PERU

State  
IN

Zip Code  
46970

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021398

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

733.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 291 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>		Full Name (Last, First, Middle Initial) <b>CONSERVATIVE POLITICAL ACTION CONFERENCE</b>		<b>Transaction ID:</b> SB21-0.021408 <b>Date of Disbursement</b> MM / DD / YYYY 01 / 07 / 2011	
Mailing Address		1007 CAMERON ST		Amount of Each Disbursement this Period 2500.00	
City		State		Zip Code	
ALEXANDRIA		VA		22314	
Purpose of Disbursement REGISTRATION FEE		Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	
State: District:					
<b>B.</b>		Full Name (Last, First, Middle Initial) <b>COSTCO CORP</b>		<b>Transaction ID:</b> SB21-0.021406 <b>Date of Disbursement</b> MM / DD / YYYY 01 / 07 / 2011	
Mailing Address		999 LAKE DR		Amount of Each Disbursement this Period 339.18	
City		State		Zip Code	
ISSAQUAH		WA		98027	
Purpose of Disbursement OFFICE SUPPLIES		Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	
State: District:					
<b>C.</b>		Full Name (Last, First, Middle Initial) <b>CRUMBS BAKE SHOP</b>		<b>Transaction ID:</b> SB21-0.021410 <b>Date of Disbursement</b> MM / DD / YYYY 01 / 07 / 2011	
Mailing Address		110 W 40TH ST STE 310		Amount of Each Disbursement this Period 1372.50	
City		State		Zip Code	
NEW YORK		NY		10018	
Purpose of Disbursement CATERING		Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	
State: District:					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....				0.00	
<b>TOTAL</b> This Period (last page this line number only) .....					

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 293 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FACEBOOK</b>	<b>Transaction ID:</b> SB21-0.021418 <b>Date of Disbursement</b>
Mailing Address 1601 S CALIFORNIA AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div>
City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE Candidate Name	<div>10.68</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>GEYSER VACUUM CENTER</b>	<b>Transaction ID:</b> SB21-0.021420 <b>Date of Disbursement</b>
Mailing Address 408 GEYSER RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div>
City BALLSTON SPA State NY Zip Code 12020	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<div>14.95</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>GOOGLE INC</b>	<b>Transaction ID:</b> SB21-0.021422 <b>Date of Disbursement</b>
Mailing Address 1101 NEW YORK AVE NW SECOND FLOOR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE Candidate Name	<div>37.36</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 294 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HASLER FINANCIAL SERVICES

Mailing Address PO BOX 45850

City  
SAN FRANCISCO

State  
CA

Zip Code  
94145

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021424

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

192.83

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021426

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

16219.07

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MAXIM HEALTHCARE SERVICES INC

Mailing Address 7227 LEE DEFOREST DR

City  
COLUMBIA

State  
MD

Zip Code  
21046

Purpose of Disbursement  
HEALTH SVCS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021428

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

900.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 295 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICROSOFT CORPORATION

Mailing Address 1 MICROSOFT WAY

City  
REDMONDState  
WAZip Code  
98052-7329Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021430

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Amount of Each Disbursement this Period

274.54

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MONTMARTRE RESTAURANT

Mailing Address 327 7TH ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021432

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Amount of Each Disbursement this Period

27.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

NATIONAL JOURNAL GROUP INC

Mailing Address 600 NEW HAMPSHIRE AVE NW

City  
WASHINGTONState  
DCZip Code  
20037Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021434

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Amount of Each Disbursement this Period

8755.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 297 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RASMUSSEN REPORTS

Mailing Address 625 COOKMAN AVE  
STE 2

City ASBURY PARK State NJ Zip Code 07712

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021442

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

19.95

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

SERVICEMASTER CLEAN

Mailing Address 860 RIDGE LAKE BLVD

City MEMPHIS State TN Zip Code 38125

Purpose of Disbursement  
MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021444

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

122.96

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address 8725 W SAHARA

City LAS VEGAS State NV Zip Code 89163

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021446

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

63.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 298 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE LIAISON HOTEL

Mailing Address 415 NEW JERSEY AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021448

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

7651.13

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

TORTILLA COAST

Mailing Address 400 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021450

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

2215.16

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.021458

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

374.94

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 301 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT</p> <p>Mailing Address PO BOX 981532</p> <p>City EL PASO State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21-0.018172</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="514.39"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT</p> <p>Mailing Address PO BOX 981532</p> <p>City EL PASO State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21-0.018175</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.65"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT</p> <p>Mailing Address PO BOX 981532</p> <p>City EL PASO State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21-0.018178</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="613.03"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1193.07**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 302 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018182

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1721.12

**B.** Full Name (Last, First, Middle Initial)  
ASHLEY ENTERTAINMENT INC

Mailing Address 2650 PHILIPPE PARKWAY

City SAFETY HARBOR State FL Zip Code 34695

Purpose of Disbursement  
STAGING/EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017700

Date of Disbursement

/   /

Amount of Each Disbursement this Period

81500.00

**C.** Full Name (Last, First, Middle Initial)  
ATLANTIC TELECOMMUNICATIONS

Mailing Address PO BOX 4145

City MANASSAS State VA Zip Code 20108-0717

Purpose of Disbursement  
MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017794

Date of Disbursement

/   /

Amount of Each Disbursement this Period

575.00

**SUBTOTAL** of Disbursements This Page (optional) .....

83796.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 303 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ATLANTIC TELECOMMUNICATIONS

Mailing Address PO BOX 4145

City MANASSAS State VA Zip Code 20108-0717

Purpose of Disbursement  
MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018018

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

1150.00

**B.** Full Name (Last, First, Middle Initial)  
AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017793

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

393.84

**C.** Full Name (Last, First, Middle Initial)  
AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017832

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

2784.83

**SUBTOTAL** of Disbursements This Page (optional) .....

4328.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 304 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
**AUTOMATIC DATA PROCESSING**

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017883

Date of Disbursement

/   /

Amount of Each Disbursement this Period

525.76

**B.** Full Name (Last, First, Middle Initial)  
**BLUE SWARM**

Mailing Address 70 BROADWAY STREET

City WESTFORD State MA Zip Code 01886

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017817

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1098.31

**C.** Full Name (Last, First, Middle Initial)  
**BLUE SWARM**

Mailing Address 70 BROADWAY STREET

City WESTFORD State MA Zip Code 01886

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017848

Date of Disbursement

/   /

Amount of Each Disbursement this Period

332.06

**SUBTOTAL** of Disbursements This Page (optional) .....

1956.13

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 305 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
BROADPOINT TECHNOLOGIES

Mailing Address 7617 ARLINGTON RD

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017884

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 9 / 2 0 1 1

Amount of Each Disbursement this Period

3970.55

**B.** Full Name (Last, First, Middle Initial)  
BURCH MUNFORD DIRECT

Mailing Address 901 N WASHINGTON ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018027

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 3 1 / 2 0 1 1

Amount of Each Disbursement this Period

159.00

**C.** Full Name (Last, First, Middle Initial)  
CALVERT-JONES COMPANY

Mailing Address 5703 EDSALL RD

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
EQUIPMENT MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017885

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 9 / 2 0 1 1

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7129.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 306 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017833

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

5779.66

B.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017995

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

1620.81

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017818

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

26892.79

SUBTOTAL of Disbursements This Page (optional) .....

34293.26

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 308 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017990

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 4 / 2 0 1 1

Amount of Each Disbursement this Period

337.73

**B.** Full Name (Last, First, Middle Initial)  
COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018125

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 8 / 2 0 1 1

Amount of Each Disbursement this Period

337.73

**C.** Full Name (Last, First, Middle Initial)  
CONFERENCE AMERICA INC

Mailing Address PO BOX 241188

City MONTGOMERY State AL Zip Code 36124-1188

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017834

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

120.39

**SUBTOTAL** of Disbursements This Page (optional) .....

795.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 309 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CONRAD DIRECT INC

Mailing Address 300 KNICKERBOCKER RD

City CRESSKILL State NJ Zip Code 07626

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017850

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

CONRAD DIRECT INC

Mailing Address 300 KNICKERBOCKER RD

City CRESSKILL State NJ Zip Code 07626

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017997

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City GERMANTOWN State MD Zip Code 20876

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017851

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**10189.93**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 310 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City  
GERMANTOWN

State  
MD

Zip Code  
20876

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017998

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

14772.80

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City  
WASHINGTON

State  
DC

Zip Code  
20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017835

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

1742.81

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017988

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

6871.08

SUBTOTAL of Disbursements This Page (optional) .....

23386.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 311 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017989

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

3843.00

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018123

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

9179.23

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018124

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

3498.30

SUBTOTAL of Disbursements This Page (optional) .....

16520.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 312 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DC TREASURER</b> <hr/> Mailing Address <b>PO BOX 1582</b>	<b>Transaction ID:</b> SB21-0.018187 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 1 1</div> </div>
<div> <div>City</div> <div>WASHINGTON</div> </div> <div> <div>State</div> <div>DC</div> </div> <div> <div>Zip Code</div> <div>20013</div> </div> <div> <div>Purpose of Disbursement</div> <div>PAYROLL TAXES</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>55.39</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DISTRICT LOCKSMITH</b> <hr/> Mailing Address <b>PO BOX 8304</b>	<b>Transaction ID:</b> SB21-0.017819 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div>
<div> <div>City</div> <div>ELKRIDGE</div> </div> <div> <div>State</div> <div>MD</div> </div> <div> <div>Zip Code</div> <div>21075</div> </div> <div> <div>Purpose of Disbursement</div> <div>MAINTENANCE</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>159.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ELAVON</b> <hr/> Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b>	<b>Transaction ID:</b> SB21-0.018166 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
<div> <div>City</div> <div>ATLANTA</div> </div> <div> <div>State</div> <div>GA</div> </div> <div> <div>Zip Code</div> <div>30328</div> </div> <div> <div>Purpose of Disbursement</div> <div>BANK FEE</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>45.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**259.39**

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 313 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY, STE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018171

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1647.65

B.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY, STE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018174

Date of Disbursement

/   /

Amount of Each Disbursement this Period

209.43

C.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY, STE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018177

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3983.03

**SUBTOTAL** of Disbursements This Page (optional) .....

5840.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 314 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ELAVON</b>	<b>Transaction ID:</b> SB21-0.018181 <b>Date of Disbursement</b>																				
Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b>	Amount of Each Disbursement this Period																				
Purpose of Disbursement <b>BANK FEE</b>	<table border="1"> <tr> <td colspan="10">6204.60</td> </tr> </table>	6204.60																			
6204.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ELAVON</b>	<b>Transaction ID:</b> SB21-0.018183 <b>Date of Disbursement</b>																				
Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b>	Amount of Each Disbursement this Period																				
Purpose of Disbursement <b>BANK FEE</b>	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>EPIPHANY PRODUCTIONS INC</b>	<b>Transaction ID:</b> SB21-0.017852 <b>Date of Disbursement</b>																				
Mailing Address <b>104 E HUME AVE</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	1												
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22301</b>	Amount of Each Disbursement this Period																				
Purpose of Disbursement <b>FINANCE CONSULTING</b>	<table border="1"> <tr> <td colspan="10">78124.02</td> </tr> </table>	78124.02																			
78124.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**84378.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 315 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017999

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

FEDEX KINKOS

Mailing Address PO BOX 672085

City  
DALLAS

State  
TX

Zip Code  
75267-2085

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017886

Date of Disbursement

/   /

Amount of Each Disbursement this Period

244.21

C.

Full Name (Last, First, Middle Initial)

GUARDIAN LIFE INSURANCE COMPANY

Mailing Address PO BOX 95101

City  
CHICAGO

State  
IL

Zip Code  
60694-5101

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33979.48

**SUBTOTAL** of Disbursements This Page (optional) .....

54223.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 316 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City Austin State TX Zip Code 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017820

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

1776.67

B.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City Austin State TX Zip Code 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017912

Date of Disbursement

01 / 21 / 2011

Amount of Each Disbursement this Period

16430.92

C.

Full Name (Last, First, Middle Initial)

HASLER FINANCIAL SERVICES

Mailing Address PO BOX 45850

City SAN FRANCISCO State CA Zip Code 94145

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018165

Date of Disbursement

01 / 05 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

19207.59

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 317 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL PLLC

Mailing Address 45 NORTH HILL DR  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017887

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Amount of Each Disbursement this Period

15375.00

**B.**

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Amount of Each Disbursement this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017821

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Amount of Each Disbursement this Period

56537.97

SUBTOTAL of Disbursements This Page (optional) ..... ►

81912.97

TOTAL This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 318 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ILLUMEN

Mailing Address 1000 POTOMAC ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

833.33

B.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

90305.44

C.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

88552.80

SUBTOTAL of Disbursements This Page (optional) .....

179691.57

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 319 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE RAGANS OFFICE PRODUCTS

Mailing Address 7518-G FULLERTON RD

City  
SPRINGFIELD

State  
VA

Zip Code  
22153

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017889

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

333.50

B.

Full Name (Last, First, Middle Initial)

KONICA MINOLTA STL

Mailing Address PO BOX 790448

City  
SAINT LOUIS

State  
MO

Zip Code  
63179

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017801

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

4986.08

C.

Full Name (Last, First, Middle Initial)

KONICA MINOLTA

Mailing Address 21146 NETWORK PLACE

City  
CHICAGO

State  
IL

Zip Code  
60673-1211

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017888

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

1546.74

SUBTOTAL of Disbursements This Page (optional) .....

6866.32

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 321 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MOBILE FKM

Mailing Address 1800 WEST LOOP SOUTH  
SUITE 2100

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement  
ECAMPAIGN CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017803

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3626.38

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL FITNESS NETWORK

Mailing Address 14059 VISTA DR  
#140-B

City LAUREL State MD Zip Code 20707

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.017804

Date of Disbursement

/   /

Amount of Each Disbursement this Period

460.00

**C.**

Full Name (Last, First, Middle Initial)

NATIONAL FITNESS NETWORK

Mailing Address 14059 VISTA DR  
#140-B

City LAUREL State MD Zip Code 20707

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.018020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4366.38

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 322 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEW ENGLAND PRESS INC

Mailing Address 1200 WAKE FOREST DR

City  
ALEXANDRIAState  
VAZip Code  
22307Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018021

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Amount of Each Disbursement this Period

549.95

**B.**

Full Name (Last, First, Middle Initial)

NEW HAMPSHIRE DEPT OF EMPLOYMENT SECURITY

Mailing Address 32 SOUTH MAIN ST

City  
CONCORDState  
NHZip Code  
03301Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017991

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Amount of Each Disbursement this Period

113.85

**C.**

Full Name (Last, First, Middle Initial)

NEW HAMPSHIRE DEPT OF EMPLOYMENT SECURITY

Mailing Address 32 SOUTH MAIN ST

City  
CONCORDState  
NHZip Code  
03301Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Amount of Each Disbursement this Period

113.85

SUBTOTAL of Disbursements This Page (optional) .....

777.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 323 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEW HAMPSHIRE DEPT OF EMPLOYMENT SECURITY

Mailing Address 32 SOUTH MAIN ST

City  
CONCORD

State  
NH

Zip Code  
03301

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018188

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.30

B.

Full Name (Last, First, Middle Initial)

OVERRIDE PRO

Mailing Address 4798 S FLORIDA AVE #177

City  
LAKELAND

State  
FL

Zip Code  
33813-2181

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017805

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3600.00

C.

Full Name (Last, First, Middle Initial)

OXFORD COMMUNICATIONS LLC

Mailing Address 121 S ALFRED ST  
STE 6

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017824

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6484.48

**SUBTOTAL** of Disbursements This Page (optional) .....

10096.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 324 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PE SYSTEMS LLC

Mailing Address 245 W MAIN AVE  
STE 400

City SPOKANE State WA Zip Code 99201

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017806

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

221.03

B.

Full Name (Last, First, Middle Initial)

PINNACLE LIST COMPANY INC

Mailing Address 2800 S SHIRLINGTON RD  
STE 970

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018003

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

34590.28

C.

Full Name (Last, First, Middle Initial)

PREFERRED COMMUNICATIONS

Mailing Address 815 KING ST  
STE 209

City ALEXANDRIA State VA Zip Code 22314-3099

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018004

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

18793.92

SUBTOTAL of Disbursements This Page (optional) .....

53605.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 325 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRESS ASSOCIATION INC

Mailing Address P.O. BOX 414243

City  
BOSTON

State  
MA

Zip Code  
02241-4243

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017807

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

1507.28

B.

Full Name (Last, First, Middle Initial)

QWEST COMMUNICATIONS

Mailing Address PO BOX 85619

City  
LOUISVILLE

State  
KY

Zip Code  
40285-6169

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017838

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

462.48

C.

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City  
UNION CITY

State  
IN

Zip Code  
47390

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017825

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

276.76

SUBTOTAL of Disbursements This Page (optional) .....

2246.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 326 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City  
UNION CITY

State  
IN

Zip Code  
47390

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

135.64

**B.**

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City  
ATHENS

State  
GA

Zip Code  
30601

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017854

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16270.40

**C.**

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City  
ATHENS

State  
GA

Zip Code  
30601

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15013.10

**SUBTOTAL** of Disbursements This Page (optional) .....

31419.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 327 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SAFEGUARD SHREDDING

Mailing Address PO BOX 3219

City  
OAKTON

State  
VA

Zip Code  
22124

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017809

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2011

Amount of Each Disbursement this Period

3520.00

B.

Full Name (Last, First, Middle Initial)

SMARTTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGA

State  
TN

Zip Code  
37401-2181

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017811

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2011

Amount of Each Disbursement this Period

1921.55

C.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017826

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2011

Amount of Each Disbursement this Period

64890.46

SUBTOTAL of Disbursements This Page (optional) .....

70332.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 328 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018006

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

50119.50

B.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City  
FREDERICKSBURG

State  
VA

Zip Code  
22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017812

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

126.42

C.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City  
FREDERICKSBURG

State  
VA

Zip Code  
22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018023

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

126.42

SUBTOTAL of Disbursements This Page (optional) .....

50372.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 329 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SQUARE 737 LLC</p> <p>Mailing Address 1100 New Jersey Ave SE SUITE 1000</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PARKING SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.017890</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1980.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN</p> <p>Mailing Address 8725 W SAHARA</p> <p>City LAS VEGAS State NV Zip Code 89163</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.017813</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1654.96</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN</p> <p>Mailing Address 8725 W SAHARA</p> <p>City LAS VEGAS State NV Zip Code 89163</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.018024</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1043.19</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

4678.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 330 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City  
CHICAGO

State  
IL

Zip Code  
60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018007

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

406364.52

B.

Full Name (Last, First, Middle Initial)

SUMMIT OPEN SYSTEMS LLC

Mailing Address PO BOX 841

City  
ARNOLD

State  
MD

Zip Code  
21012

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017814

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

SUMMIT OPEN SYSTEMS LLC

Mailing Address PO BOX 841

City  
ARNOLD

State  
MD

Zip Code  
21012

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018025

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

406964.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 331 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017693

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City  
ARLINGTON

State  
VA

Zip Code  
22206-3601

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017828

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8218.12

C.

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City  
ARLINGTON

State  
VA

Zip Code  
22206-3601

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3911.08

SUBTOTAL of Disbursements This Page (optional) .....

22129.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 332 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017994

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24274.28

**B.** Full Name (Last, First, Middle Initial)  
TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21483.43

**C.** Full Name (Last, First, Middle Initial)  
TVEYES INC

Mailing Address 2150 POST ROAD

City FAIRFIELD State CT Zip Code 06824

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017841

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

51157.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 333 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UNICOR 290 SIGN SYSTEMS

Mailing Address 5350 CORPORATE GROVE BLVD SE

City  
GRAND RAPIDS

State  
MI

Zip Code  
49512

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017891

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2011

Amount of Each Disbursement this Period

271.68

B.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017992

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2011

Amount of Each Disbursement this Period

68950.57

C.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018128

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2011

Amount of Each Disbursement this Period

76156.18

**SUBTOTAL** of Disbursements This Page (optional) .....

145378.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 334 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018189

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.30

B.

Full Name (Last, First, Middle Initial)

US MONITOR SERVICE

Mailing Address 86 MAPLE AVE

City  
NEW YORK

State  
NY

Zip Code  
10956-5092

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018008

Date of Disbursement

/   /

Amount of Each Disbursement this Period

148.72

C.

Full Name (Last, First, Middle Initial)

VERIZON CABS

Mailing Address PO BOX 4832

City  
TRENTON

State  
NJ

Zip Code  
08650-4832

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017842

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1652.86

SUBTOTAL of Disbursements This Page (optional) .....

1813.88

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 335 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City  
RICHMOND

State  
VA

Zip Code  
23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017993

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

5182.95

B.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City  
RICHMOND

State  
VA

Zip Code  
23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.018127

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

4743.67

C.

Full Name (Last, First, Middle Initial)

VISUAL IMPACT DESIGN

Mailing Address 264 N LUMPKIN STREET #202

City  
ATHENS

State  
GA

Zip Code  
30601

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017856

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

10426.62

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 337 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WESTAR SATELLITE SERVICES

Mailing Address PO BOX 974375

City  
DALLAS

State  
TX

Zip Code  
75397-4375

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.018026

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1417.00

**B.**

Full Name (Last, First, Middle Initial)

WILAND DIRECT

Mailing Address 6309 MONARCH PARK PLACE, STE 201

City  
LONGMONT

State  
CO

Zip Code  
80503

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017857

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6616.63

**C.**

Full Name (Last, First, Middle Initial)

WILKINS ENTERPRISE

Mailing Address 11201 GLISSADE DR

City  
CLINTON

State  
MD

Zip Code  
20735

Purpose of Disbursement  
MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.017858

Date of Disbursement

/   /

Amount of Each Disbursement this Period

325.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8358.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 338 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLAMETTE VALLEY VINEYARDS

Mailing Address 8800 ENCHANTED WAY SE

City  
TURNER

State  
OR

Zip Code  
97392

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.018031

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

1360.00

B.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017815

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

9061.39

C.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.017843

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

18994.74

SUBTOTAL of Disbursements This Page (optional) .....

29416.13

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 339 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLEState  
WAZip Code  
98124-1740Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.017892

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Amount of Each Disbursement this Period

2793.31

SUBTOTAL of Disbursements This Page (optional) .....

2793.31

TOTAL This Period (last page this line number only) .....

2255246.77

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 340 / 342

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEW YORK REPUBLICAN STATE COMMITTEE

Mailing Address 315 STATE ST

City  
ALBANY

State  
NY

Zip Code  
12210

Purpose of Disbursement  
TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB22-0.017837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3600.00

SUBTOTAL of Disbursements This Page (optional) .....

3600.00

TOTAL This Period (last page this line number only) .....

3600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 341 / 342

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL PLLC

Mailing Address 45 NORTH HILL DR  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
RECOUNT LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.017816

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Amount of Each Disbursement this Period

96956.78

SUBTOTAL of Disbursements This Page (optional) .....

96956.78

TOTAL This Period (last page this line number only) .....

96956.78

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 342 / 342

FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SCHEDC\_1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
WACHOVIA

Election:

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code

22102

Original Amount of Loan

12000000.00

Cumulative Payment To Date

1500000.00

Balance Outstanding at Close of This Period

10500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
1 4Y Y Y Y  
2 0 1 0

09/14/2011

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10500000.00

**TOTALS** This Period (last page in this line only) ▶

10500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.